

CHEMIST & DRUGGIST

The newsweekly for pharmacy

February 15, 1992

OVER THE COUNTER INSIDE

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£1.4m needle scheme funds go via DHAs

LPCs get little news from PSNC

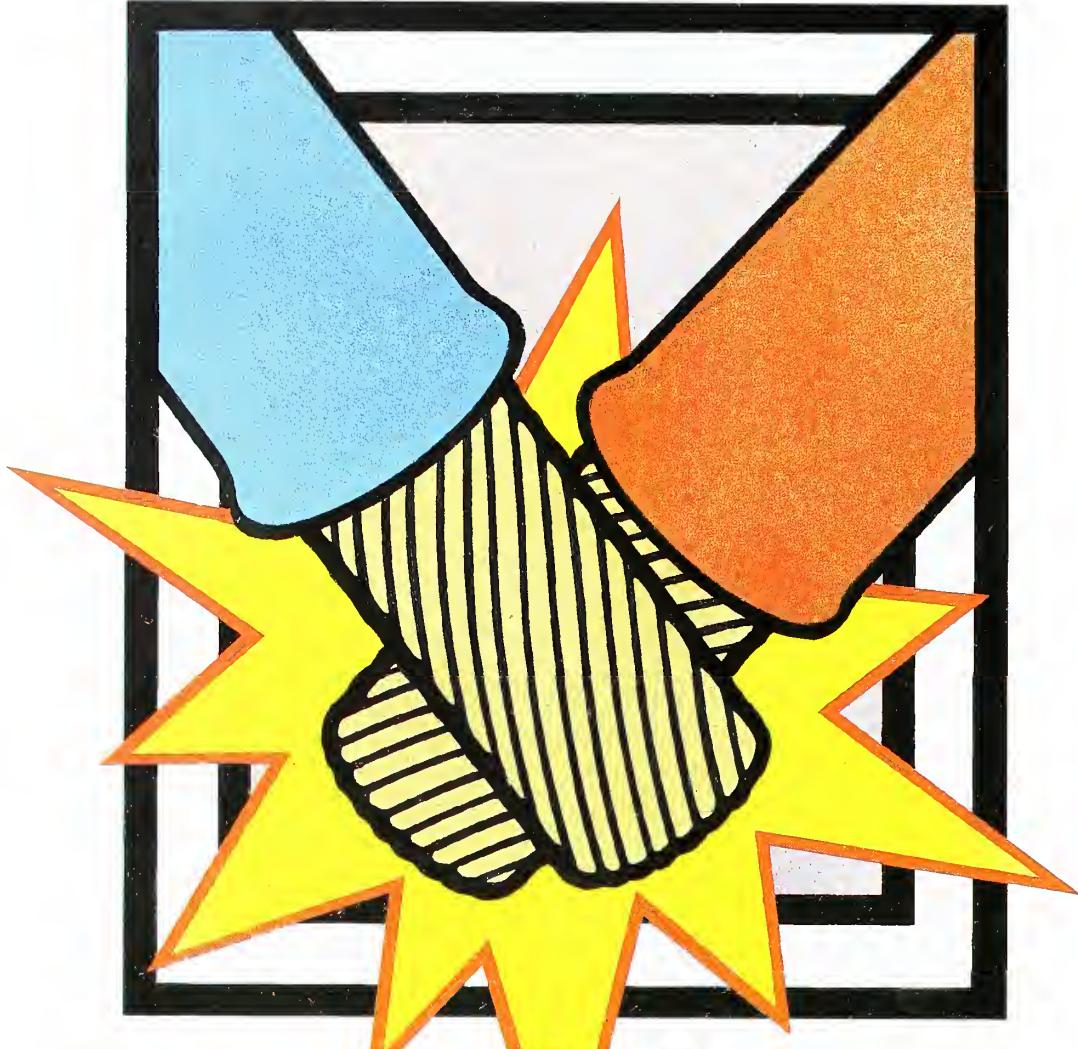
IQ supplements back in court

Council placates community group interests

Pottering about in Tuscany



Facing up to skincare



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PMI FOR YOUR HOME AND PHARMACY INSURANCE

Health Secretary says community pharmacy report is "at the printers"...	236
... and gives £1.4m for pharmacy needle exchange, but with DHA, not PSNC control	
PSNC keeps the lid on pay negotiations	236
DoH pushes for 'far-reaching' revision of remuneration system	
Financial constraints prevent compliance with Code of Ethics?	237
David Greenwood paints 'mice in a treadmill' scenario	
Society strengthens community pharmacy interest	238
Solution found to 'group' pressure?	
Is beauty just skin deep?	250
Skincare special feature	
IQ supplements back in the spotlight	257
Shropshire prosecutions for Rawpower and Larkhall	
Hospital pharmacists raise insurance concerns	258
Guild delegates meeting report: Mawhinney gets award	
Medicopharma settle their debts	261
Final round of payments in hand	
Out and about	266
A pharmacist sees the light	

REGULARS

Comment	235
RPSGB Council report	238
Topical reflections	239
Counterpoints	240
Prescription specialities	248
Letters	260
In the City	262
Coming events	262
Appointments	262
Classified advertisements	263
Business link	265

Comment

This year's Local Pharmaceutical Committee Conference was even more of a damp squib than usual. It is customary for the negotiations to be at a "delicate stage" or even deadlocked, but the current policy of keeping key contractors in a state of total ignorance about what is being negotiated, and at what price, seems to negate one of its main purposes. LPCs lead contractors at a local level. If they are to be denied a meaningful input into their future then why meet other than to observe the Pharmaceutical Services Negotiating Committee executive go through their "Hear no evil, see no evil, speak no evil", routine.

What fireworks there were came at the dinner. PSNC chairman David Sharpe raised the spectre of rural dispensing and the apparent ability of GPs to beat the system. For his part the Health Secretary William Waldegrave said the report on the future of community pharmacy was "at the printers". He spelt out the mutual interest of Government and the profession in new, improved patient services, and said cash was earmarked for pilot schemes.

Also Mr Waldegrave finally stumped up the money he promised pharmacists for needle exchange schemes a year earlier. However, instead of PSNC administering a national

scheme with a set pattern of remuneration, the £1.4 million now on the table will be distributed by District Health Authorities "to pharmacists who take part in the programme". Last year PSNC turned down the first offer because only 50 per cent of the promised £1.3m turned out to be for fees, with the rest for equipment purchase. With this new move control has been wrested altogether from PSNC.

Each DHA is autonomous and able to decide for itself the composition of any needle exchange scheme it wishes to institute and how to pay for it. But it will not be able to spend "Waldegrave" cash designated for pharmacy needle exchange on anything else — such funds are "ring-fenced".

There must be a risk implicit for the public in the *ad hoc* administration of such a vital service. And there is considerable potential for such new role schemes and their "new money" to be handled the same way. It could result in professional friction and factions that would, not only damage pharmacy, but also result in poor and patchy patient services. Some guidelines are needed.

A PSNC that seems reluctant to give contractors a say in negotiations, could be in danger of having its own voice stifled very shortly. The Government should be warned off!

The working party report on wider roles for community pharmacy is to be published shortly, the Health Secretary William Waldegrave announced on Monday at the PSNC dinner. He also sidestepped PSNC over the disputed fees for needle exchange schemes by promising to make £1.4 million available next year through district health authorities

Future role report imminent Waldegrave tells PSNC

The long awaited working party report on wider roles for community pharmacy will be published as soon as the printers can get the job done, the Secretary of State for Health, William Waldegrave said on Monday at the PSNC dinner.



PSNC chairman David Sharpe speaks; Health Secretary William Waldegrave listens. After the formal speeches Mr Waldegrave proposed an impromptu toast to Mr Sharpe and the head of the Society's Law Department, Susan Marsh, who recently announced their engagement

The Government and the profession have put in place many of the components for a programme of professional developments for pharmacy, said Mr Waldegrave. He cited the national structure for postgraduate education and the scheme for promoting research by young pharmacists. "The working party report suggests some interesting avenues for further contributions by pharmacists to improve patient care," he said.

Funds have been earmarked for a number of pilot projects in the coming year and DoH officials will be contacting PSNC shortly.

A White Paper is to be published in the Spring following on from the Health of the Nation Green Paper. The general agreement on future healthcare objectives provides a fine framework for community pharmacy, said Mr Waldegrave. "You are ideally placed to take on the role as the NHS' eyes, ear and voice in the High Street."

There is enormous scope for pharmacists to become involved,

within a framework of proper professional standards and safeguards in diagnostic and screening services, he said. For many patients it will be a quicker and cheaper alternative to using hospital services.

There is considerable potential for pharmacists to play an active role in health promotion campaigns led by district health authorities and FHSAs, he said. He praised the Barnet High Street Health campaign, which "emphasised the important role community pharmacists can play in preventative health and educating the public".

"I was impressed with the way

Barnet acted on its own initiative in an imaginative way to meet local needs. It is an excellent example of collaborative effort and we are keen to encourage more of that kind of co-operation," said Mr Waldegrave.

Services to drug misusers was another good example of local authorities working together successfully and involving community pharmacists in the framework of support and advice, he said.

Referring to the impasse with PSNC over last year's allocation of funds to a needle exchange scheme, the Health Secretary said the "best way forward" was to provide £1.4

million to DHAs to be paid to pharmacists who take part in the programme. "This will produce the local co-operation and flexibility that will benefit both sides," he said.

One of the most important aspects of the NHS reforms has been the confirmation of the role of the GP as the "gatekeeper" for hospital services. The rapid growth of fundholders has produced a host of innovative schemes and catalysed debate about the future of healthcare.

"We have seen DHAs and FHSAs working together up and down the country. In many areas we need to be blurring the traditional boundaries and building a sense of teamwork in the community," said Mr Waldegrave. "However, it is important we do not lose sight of the role of the community pharmacist."

There is still considerable scope to develop further the pharmacist's skills, he said. Many already collect repeat prescriptions, and would like to extend this to include full domiciliary services. "Some already visit patients in their own homes. I recognise this is time consuming and the supervision requirements can limit the time available. But as with other initiatives in this area, the proposals merit further consideration," he said.

Sharpe keeps rural concerns under spotlight

Community pharmacy does not need to be cajoled into uplifting its services. "We want to do more for the NHS and the public," chairman David Sharpe insisted at the PSNC dinner.

Pharmacists already do much that is not remunerated by the NHS, he told an audience which included over 100 MPs and 48 FHSAs representatives. "But there is a finite limit to the resources that community pharmacy can itself invest in improving and expanding services without the prospect of there being additional income."

Mr Sharpe endorsed the need for there to be a close working relationship between GPs and pharmacists. While pharmacists are able to advise on minor ailments and refer more serious symptoms and, most importantly, dispense, the doctor's role is to diagnose and prescribe.

There are good reasons why the functions of prescribing and dispensing should be kept quite separate, said Mr Sharpe. The pharmacist's intervention, acting as a check on the prescriber, has prevented many hospital admissions. Nevertheless, some 15 per cent of hospital admissions of the elderly are a direct result of the medication prescribed.

"It must be unacceptable that a prescriber should benefit financially from the dispensing of a medicine he prescribes," said Mr Sharpe. "PSNC believes that dispensing must not and cannot become a more general source of income for doctors."

Beware Clothier changes

The rural Clothier arrangements were a compromise, and while Conference may call for changes which favour pharmacy, it should be realistic in assessing the likelihood of success, RPSGB president David Coleman warned LPC delegates.

"A *caveat* which must be considered is that to make representations relating to change could be a high risk policy," he said. "Such moves could be used to reopen the debate nationally and enable some Parliamentarians to argue that agreement will never be reached between the professions and, therefore, that the Government must be more interventionist."

On the legislative front PSNC can either continue with the *status quo* or suggest to doctors that there could be merit in discussing rural pharmaceutical services, Mr Coleman continued.

If the latter occurred, the medical profession would start at wanting to abolish the one-mile rule

and dispense for all patients, while pharmacists would ask that doctors should only dispense in exceptional circumstances.

The General Medical Services Committee has recently canvassed GPs on dispensing. If they say they wish to dispense, PSNC and the profession will have to give a robust response. A special meeting of the PSNC's Rural Practices Standing Committee has been arranged for February 20 to discuss the response.

A resolution from Gloucester LPC, calling for rural GPs wishing to dispense to satisfy a "necessary and desirable" test, was accepted by PSNC. However it was made clear that this test should be in addition to the "prejudice" test.

A call from Leicestershire LPC for a removal of the Clothier requirement on FHSAs to automatically grant a doctor's application if prejudice to pharmaceutical services could not be proved, was also accepted.

Remuneration: still no news

"I have little or nothing to say," was how David Sharpe, chairman of the Pharmaceutical Services Negotiating Committee, began his report to LPCs on the remuneration negotiations.

The delay was put down to the Department of Health waiting for the outcome of the Doctors' and Dentists' Review Body (page 239).

"I am not prepared to give details of our claim," Mr Sharpe told the Conference. PSNC's claim was submitted on November 18. On December 16, at the first plenary meeting, the DoH put forward a discussion document on restructuring the current remuneration system which contained some "far-reaching" proposals. There was a second meeting on January 21 but a third (February 6) was cancelled by the DoH. The next is planned for February 19.

Although unable to discuss specific matters and figures, Mr Sharpe did say that PSNC accepted, in general, that there was perhaps a need to restructure the present remuneration system. However, the prime endeavour was to ensure minimal detriment to the vast majority of contractors, he said.

PSNC is also seeking new money, separate from the main claim, relating to what will be some of the new roles recommended by the current Working Party.

"The only thing I can tell you about the Working Party is that there are about 30 recommendations being made to the DoH and the profession," said Mr Sharpe. "Clearly not all of these relate to remuneration and even if they did, only one or two will be implemented in year one." Mr Sharpe added that PSNC would not agree to a new role without

adequate remuneration associated with it.

Describing the loss of the basic practice allowance in 1987 as "a thoroughly retrograde step", Mr Sharpe said there was the possibility of a professional allowance, being introduced in the coming year. However, he stressed that this would be a redistribution of current remuneration.

The current claim took into account inflation, staff employment rates and the Uniform Business Rate as well as the working capital funding required to finance a business, said Mr Sharpe. PSNC are trying to reduce the payment terms of the NHS and trying to increase the advance payment from 80 to 95 per cent.

With reference to non-core services, PSNC are looking for a substantial rise in urgent fees, pre-registration training grants and in fees for PMRs and residential homes.

Responding to questions Mr Sharpe said that PSNC will, almost certainly, delay the conference in future years to allow a more comprehensive report on negotiations.

He also reaffirmed that PSNC regards payment for pharmacists supplying nursing homes as top of the agenda. The call for any money the NHS saved as a result of Pharmacists' clinical or consultative role to be used to refund the profession was also accepted.

Ian Mackey (Gateshead LPC) asked whether contractors should accept a sum of money from the District Health Authority for needle exchange, or wait for the PSNC to finish negotiations with the DoH. Mr Sharpe replied that PSNC's policy was that it was best if any payment was negotiated nationally.

Mice in a financial treadmill?

Financial restraints contained within the NHS contract, which could prevent compliance with the Code of Ethics, mean that pharmacists are "mice in a treadmill", said David Greenwood (Somerset LPC) during the LPCs' resolutions to PSNC.

He proposed that financial restraints mean many contractors are unable to comply with principle six of the RPSCB Code of Ethics. This instructs pharmacists not to practise under conditions where their professional independence or judgment may be compromised.

Professional development remains stifled as long as contractors have to ask if services are commercially viable and when, or whether, they will be paid, said Mr Greenwood.

"I hope that principle six may be the medium by which RPSCB can raise its profile in harmony with PSNC to protect professional standards by ensuring adequate development funds are made available." The motion was carried.

Practice research

John Donoghue (Liverpool) put forward a motion that PSNC should base remuneration negotiations on the results of practice research. "In this day and age, information is wealth," he said. An inability to demonstrate a worthwhile contribution to improving patient care was holding the profession back.

"This is a moment of unparalleled opportunity for pharmacists, and what are we doing about it? Instead of taking advantage of the new health service culture, we flail about, desperately trying to put new interpretations onto the words retention, recruitment and motivation!"

The motion was passed, while PSNC commented that although negotiations with DoH are supported by financial, economic and professional data, additional research can be submitted.

Walsall LPC's motion for properly structured, organised and funded postgraduate training courses was passed, although City & East London LPC's bid to make this compulsory was lost.

During the debate, Clive Murray (Sandwell) asked: "I wonder if it's not a good thing to have many different standards of pharmacy" adding that aspects like manner cannot be taught. John Vardy (Wolverhampton) believed a distinction should be made between just attending courses or passing examinations, and Peter Olswang (Sunderland) added: "Rewards should be initiated for those who wish to take them."

Dr Watson (Sunderland) proposed that PSNC should formulate proposals so that those



Sunderland LPC's Dr Watson

completing recognised training courses could receive increased remuneration. A two-tier service was suggested, with re-organisation of the global sum for those who continue education and those who do not. The motion was passed.

A motion asking that pharmacists should receive payment of their business rates was defeated. Speaking for the motion, Mr P. Patel (City & East London), suggested payment could be funded with new money rather than taking a cut from the global sum cake.

Seconding, Mr K. Golding added that doctors and dentists have received payment of the UBR.

Peter Olswang said he had every sympathy with the motion: "There's no way this Government or any other will provide money to pay our business rates."

A motion proposing the adoption of a universally acceptable symbol to be used by prescribers whenever a dosage change is made, was also lost.

Leicestershire LPC proposed that careful consideration should be given to discount scales to account for those who have atypical prescription patterns with a net ingredient cost above average.

"We believe the present discount scale tries to incorporate too many differing and widely varying indices. It also fails to respond quickly to changes in the terms applied by wholesalers and manufacturers. Any contractor who does not come close to the average will suffer as a result," said the proposer.

A motion from Leeds LPC urging the PSNC to accelerate discussions with the ABPI to regularise the number of days treatment in a calendar pack was also carried. PSNC said OPD discussions with ABPI appear to be fruitless because individual companies decide what treatment pack is suitable for their product. However, there is an intention to hold a national conference on the subject.

Resolutions passed were:

- Retention of front-loading in order to protect smaller pharmacies
- The balance between the period of treatment fee, professional fee and on-cost to be adjusted so those dispensing financially excessive quantities suffer less.
- Physical appearance of generics to be in the official monograph



This year's LPC conference saw the addition of afternoon workshops to discuss topics including global sum distribution, on-cost, endorsements and standards of practice and premises. Unfortunately time restrictions meant it was not possible for conference to hear reports from each group. PSNC's David Plumb (left) and Mike King asked one group whether the range of professional fees should be reduced in favour of a movement towards standard fees related to overall provision of services. After a lively debate, it emerged that contractors are firmly in favour of retaining additional professional fees and they accept the need for endorsements to ensure payment. Some delegates felt there were advantages in retaining fees as elements which could be negotiated separately, while others felt these fees should be increased in line with the work content involved.

Stronger community group interests accepted

The Royal Pharmaceutical Society's Council has agreed on a way to improve community pharmacist's representation after attempts to create a special membership group failed.

The constitution of the community pharmacy subcommittee of the Practice Committee will be amended to allow for three more community pharmacist members to be elected.

Peter Curphey proposed "that as from July, 1992, the constitution

of the community pharmacy subcommittee be as follows: six members of Council appointed in the normal way by the officers; three members co-opted by the Council on the recommendation of the officers; three members, being community pharmacists, elected to serve for a period of three years by pharmacists in community practice (plus the chairman of the Practice Committee, *ex officio*.)"

Mr Curphey said that during the recent attempt to form a community

pharmacists membership group it had become apparent that, even among those most strongly opposed to the idea, there was a feeling that all was not well in the way community pharmacists were currently represented. He hopes that his new proposal will be able to restore the faith of the membership that steps were being taken to show that the Council was interested and to ensure that it was in touch with community pharmacists.

Society pushes for prereg exam by Summer of 1993

The Royal Pharmaceutical Society's Council intends to seek an amendment to the Society's Byelaws to provide for the introduction of a registration examination for graduates at or after the end of the preregistration year.

Graduates expecting to register in the summer of 1993 would be the first to be affected.

Graduates who were subject to a satisfactory appraisal report from the preregistration tutor would be able to take the registration examination once they had completed 45 weeks of the preregistration year and would be required to take it within 18 months of that completion.

Provision would be made for up to three attempts at the examination. A fee of some £100 would be payable for the first attempt and £40 for each subsequent attempt.

Preregistration graduates would in future be known as preregistration trainees, and preregistration experience would be renamed preregistration training.

Pharmacists to develop asthma care role

Pharmacists are being invited to take part in a pilot scheme to assess their potential role in asthma care.

Those selected will attend one of 16 evening workshops to be held throughout the UK from March to June. They will be trained on patient counselling, how to encourage compliance, checking correct inhaler technique, how to identify poorly controlled asthma and when to refer patients to their GPs.

The pharmacists will then be encouraged to meet other members of their local primary healthcare teams to develop informal protocols for asthma care, for example, deciding who will monitor inhaler technique and what the GP referral criteria should be.

The initiative has been developed by Allen & Hanburys Ltd in conjunction with the Pharmacy Practice Unit, Bradford University, who are currently studying ways in which community pharmacists and GPs can collaborate in the care of asthmatic patients.

Recent studies have shown that many patients are a long way from achieving a symptom-free lifestyle. Almost half report breathlessness at least once a week and 39 per cent

are woken every night by their asthma. Just over half those receiving treatment see their GP twice a year or less, so it is felt there is a need for pharmacists to reinforce information.

Allen & Hanbury representatives will be recruiting some 300 pharmacists who are interested in asthma, have good relationships with their local GPs and have a suitable area in their pharmacies for counselling. The initiative will be assessed through informal feedback from pharmacists, GPs and company

representatives, together with formal market research, and will be expanded if successful.

The scheme has the approval of the National Pharmaceutical Association, the Pharmaceutical Services Negotiating Committee and the Royal Pharmaceutical Society.

PSNC assistant secretary Mike King said he welcomed the idea because it encouraged teamwork and fostered good relationships between pharmacists and GPs, as well as improving patients' treatment.

RPSGB COUNCIL REPORT

Pharmacists link with GPs?

Council agreed at this month's meeting to consider the implications of community pharmacists entering into partnerships with general medical practitioners or being employed by medical practices. Working groups will meet shortly to consider possible models for development of pharmaceutical practice.

The decision to discuss pharmacists' relationships with GPs arose from a General Medical Services Committee discussion document entitled "Build your own future" and a questionnaire for GPs entitled "Your choices for the future". Among the many specific questions asked in the questionnaire were: (1) Should GP partnerships be broadened to include as partners non-medical personnel such as practice managers, nurses, health visitors and pharmacists? and (2) Should the range of a practice's employees be broadened to include district nurses, health visitors, pharmacists and social workers? Other questions asked whether all GPs should be able to provide a full dispensing service and whether it would be appropriate for GPs to provide a full pharmaceutical service.

Council also accepted a recommendation of the Law and

Ethics Policy Committee that the law department should write to a pharmacy company raising concerns on the legal aspects of a proposal from a medical practice. The proposal was that the pharmacy company should operate the practice's doctor dispensing arrangements and/or operate a pharmacy contract for a health centre limited company set up by the practice.

Wholesaling in EC Reporting on a meeting of members of UK delegations to European Community pharmacy liaison groups, the secretary and registrar said there had been a suggestion that a letter be sent to all UK members of the European Parliament urging them to seek to re-introduce the amendment to the pharmaceutical Directives seeking the involvement of a pharmacist at each wholesaler. There had been a number of replies, all of them in general support of the move.

Society to join WHO forum Council agreed that the Society should join the Europharm Forum, set up by the World Health Organisation European region to provide a link between the WHO and pharmaceutical organisations. The statutes of the forum would determine whether other organisations within the UK would be eligible for membership.

During debate some Council members expressed the opinion

that the Society should be the sole body representing British pharmacy, paying the whole of the UK fee. Others felt that it was important for the Society to join whether or not other associations were represented and shared the fee. The executive committee would decide which bodies were eligible for membership.

Professional audit Council agreed that response to symptoms activities should be considered in discussions it was to hold on competence assessment and professional audit. The decision was made in the light of the *Which?* report on community pharmacists.

Dialysis items on FP10? Council agreed to support a proposal for making the consumable items required for continuous ambulatory peritoneal dialysis available on general medical practitioners' prescription.

POM to P proposals Subject to minor comments, Council agreed to welcome the Medicines Control Agency's recent proposals to amend the Prescription Only Medicine Order. The proposals would allow pharmacists to sell topical imidazoles for vaginal candidiasis without prescription.

Cholesterol test Council agreed to implement a proposal that the Society should establish an accreditation scheme for cholesterol testing in pharmacies.

New Chair at Keele

Rhona Panton has been appointed to the newly created Chair of Pharmacy Policy and Practice at the University of Keele.

Professor Panton will hold the new post in conjunction with her existing role as Regional Pharmaceutical Officer for the West Midland's Regional Health Authority, which has agreed to allow her to devote two days per week to her academic work.

Her appointment will allow for the creation of a Department of Pharmacy at Keele and Professor Panton plans to develop research in the field of medicine usage and into current and potential roles of pharmacists, as well as a diploma course for community pharmacists.

Pay increases agreed

The Government has agreed pay rises of at least 5.5 per cent effective from April 1, for nearly half a million NHS staff in England.

The Government's acceptance of the recommendations of the Independent Pay Review Bodies means an average increase of 5.8 per cent for nurses and midwives, 6.0 per cent for doctors and dentists and 6.3 per cent for professions allied to medicine.

"The Government is providing to the NHS in England an extra £125 million to meet the bulk of the costs of the award," said Health Secretary William Waldegrave. He added that an additional £35m would have to be provided by the health authorities themselves, from their cost improvement programmes.

• GPs net average intended income £40,010; dentists £35,815, junior house officers £22,020.

Pharmacy booklet launched

The Pharmaceutical Services Negotiating Committee has launched a booklet — Pharmacy in the Community — to spell out to FHSAs members, general managers and others what pharmacy is, and what it could be.

It is being distributed through local pharmaceutical committees to every FHSAs and regional health authority. In various regions it will be accompanied by a profile of community pharmacy in that area, giving an indication of the services that are provided by some typical pharmacies.

The booklet was launched at the PSNC dinner on Monday night. "PSNC is actively seeking to achieve better appreciation of what community pharmacy already provides for the NHS and what it can achieve in the future, given Government backing," said chairman David Sharpe.

Premises down by 61

The number of pharmacy premises registered with the Royal Pharmaceutical Society fell by 61 in January to 11,899, the lowest figure since August last year.

The largest change came in England where there were 17 additions and 56 deletions. Of these, three additions and two deletions were hospital premises. There were also two restorations.

In London there were two additions and 12 deletions; in Scotland, one addition and 11 deletions; and in Wales, two additions and six deletions.



Testing, testing, on animals?

Presently, I do not stock a range of so-called "natural" products, since I am happy with my more traditional cosmetic houses, but I am often asked whether "they are tested on animals?". The answer I give, that under present EC regulations, although the finished product is not tested on animals, all ingredients must at *some time* have been so tested, is unsatisfactory. This is because to the customer, though true, it is an excuse — and off they go to the Body Shop. The regulations are there to protect the consumer, but science must by now have a portfolio of information sufficient to predict the toxicity profile of most ingredients without the necessity for animal testing.

This is a view now endorsed by the European Parliament's Environment Committee, which recently voted by a large majority to ask the full European Parliament and the Council of Ministers to amend the Cosmetics Directive 76/768, to ensure that within two years no new cosmetic products or ingredients marketed in the European Community will be tested on living animals (Health Food Business, February, 92). As usual the British Government has

said "non", but over 77 MPs have signed a contrary Parliamentary Motion (C&D February 1, p161). Our MEPs are not answerable to the Government! But with their support, perhaps Europe will force change in Great Britain, and this immoral requirement will at last be consigned to the dustbin of history.

Potent viral mutations on the horizon?

I can still remember the chaos that Asian Flu caused over thirty years ago with shops, schools and factories being decimated by this highly infectious virus. The effects were extremely severe with ten days in bed and three weeks recuperation almost mandatory. Upper respiratory tract infections in those days were severe and antibiotics definite lifesavers, but at the same time the short, self-limiting viral infections so prevalent today seemed to be non-existent.

I was reminded of this "gut feeling" piece of epidemiological thought by the Napp rep, talking about their newly launched Betasept Mouthwash which, he said, was active against those viruses which cause so many of today's sore throats. On reflection, I wondered why this type of infection is now so common and whether the broad spectrum antibiotics have been a mixed blessing. They are still used in copious quantities by GPs covering their options, but the result has been possibly a change in the dynamic equilibrium between viruses and bacteria. Antibiotics have moved the balance in favour of viruses by removing the competitive inhibition of the previously common, though not necessarily pathogenic, bacteria.

This is a hypothesis for which I have no evidence, but the dramatic rise in the use of powerful antibiotics may be the cause of the present rise in URT viral infections. Eventually, the Trojan Horse may exact its revenge by unleashing a mutated virus of more potent pathogenicity than those commonly seen today!

Removing language barriers

If, in the course of practising my profession, I was unable to communicate with a patient owing to a language barrier then, according to the Commission for Racial Equality, I might be guilty of indirect racial discrimination. If I practised pharmacy in another country I would expect (and would be expected) to be literate in the language of that country and, if I lived there, although I would appreciate attempts by others to speak English, my first priority would be to learn their language. When abroad, I have met nothing but help and consideration from people trying to overcome my obvious deficiencies in verbal communication, and the least likely definition of their kindness, courtesy and patience would have been discrimination!

By the same token, I would take objection to being accused of discrimination if I was unable to speak in the mother tongue of one of my patients, when the mother tongue of both our countries is now English. Contrary to the view expressed by the CRE I am a strong believer in the principle of "when in Rome", in order to hasten the processes of social integration. Throughout history it has been the isolation of ethnic minorities by the perpetuation of different cultural facets within an existing indigenous population that has invoked discrimination, bigotry and eventual disintegration.

Language is one of the most important of those facets, and though I happily accept my professional responsibilities to ensure that each patient properly understands my instructions, equally the patient has a responsibility, if they are living in England, to learn English! The commission for Racial Equality might be better advised to expend their undoubted talents in organising comprehensive crash courses in English for ethnic minorities, rather than threatening the health professions with accusations of indirect racial discrimination.

Topical REFLECTIONS

Counterpoints

Relaunched Hermesetas targets young and old

Hermes Sweeteners have streamlined their Hermesetas range to focus on two products, one for older and a new one for younger customers.

New Taste Hermesetas is aimed at a younger market which prefers a sweetener which tastes more like sugar. Made from a blend of aspartame and acesulfame, it is designed for sugar users who want a healthier alternative, but do not like the taste of saccharin sweeteners. It comes in tablet and granulated form. Each tablet contains 0.2 calories and is available in 100 tablet pocket dispenser (£1.39) or 300 table top size (£3.65). The granulated form contains 2 calories per



5ml spoonful and comes in a 40g jar (£1.19). Packs show a humming bird and the slogan "No other sweetener tastes more like sugar".

Original Hermesetas,

targeted at established saccharin users, has been updated with new packaging and a new logo. It is available in tablet, granulated and liquid form.

Hermesetas will be supported by a £2 million television campaign. (Distributors) The Jenks Group. Tel: 0494 533456.

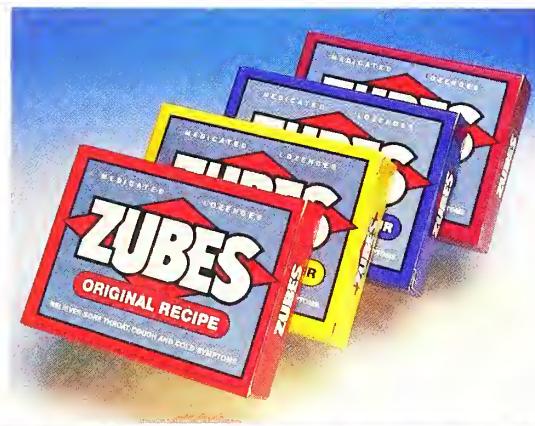
Zubes get a new look

Ernest Jackson acquired the Zubes brand last year and have now relaunched it with a new look. The company describes this as a "major facelift", with Zubes now available in "modern, eyecatching cartons and handy-sized tubes".

Advertising in national Sunday magazines, *Radio Times* and *TV Times* breaks this month, and to boost awareness in-store, Jacksons have commissioned two special display outers. There

is a "dropper" outer of 24 tubes, which dispenses one tube at a time, while the cartons come in bright outers of 12.

There are also giant-sized Zubes Original packs and a display unit. As an added bonus, the pharmacy with the best window display using Zubes as its focal point, will win a luxury weekend trip for two to any city in Europe. Ernest Jackson. Tel: 0363 772251.



Hassle-free curls with Clairol Free Curl

Clairol are introducing a range of three cordless styling appliances to their range, designed to make inspired hairstyling mobile.

Launched under the name of Free Curl, the products include Free Curl cordless styling brush (£17.95), Free Curl cordless styling tong (£14.95) and Free Curl cordless combination brush and tong (£19.95). Each appliance has an on/off safety lamp that glows as the styler heats up, which takes just one minute, say Clairol. For tighter curls, the tong is recommended while for looser curls, the brush is best.

Each styler comes with a

stay-cool cover which allows immediate storage after use — no waiting for it to cool down first.

The appliances are also approved for air travel when packed in check-in luggage and have a two-year guarantee.

The Free Curl range takes Thermacell butane gas cartridges.

The products will be supported by a £350,000 Press campaign in women's magazines, which will run from mid-April until July. This will be supplemented by on-going PR activity, says the company. Bristol-Myers Clairol Appliances Div. Tel: 0784 434343.

Flowmega from Lifeplan

Lifeplan have introduced a fish oil supplement called Flowmega.

The capsules contain 500mg of omega 3 fish oils, which are rich in EPA and DHA. They do not contain any vitamins, and are free from sugar, starch, salt, lactose, gluten, live yeast, synthetic flavours, colours and preservatives, says the company.

The retail price for a pack of 60 capsules is £2.89. The trade price of £16.99 per case of 12 gives a POF of 42.5 per cent. Lifeplan Products Ltd. Tel: 04555 56281.

Laughton add Solo range

Laughton & Sons are launching a range of personal care accessories under the name Solo.

In a choice of tortoiseshell, ivory, pink, or blue, the range includes: tortoiseshell soap box (£1.45); toothbrush holder (£1.45); nail brush (£1.49), and mirror (£3.25). In the pastel shades the range comprises: tumbler (£0.99); denture bath (£1.29); soap box (£0.99); toothbrush holder (£0.99); nail brush (£1.29), and mirror (£2.99). Point of sale material is available. Laughton & Sons. Tel: 021-436 6633.

Roc launch beauty centres

Roc are launching a national network of consumer advisory centres — Pure Beauty Centres — next month.

The top 100 Roc stockists from all retail sectors (about half are independent pharmacies) have been selected to become Pure Beauty Centres, receiving extra support from March 9.

Each centre will be able to give consumers a skin analysis and recommend the correct products for their skin type. A complimentary facial and make-up will be included in the consultation. The customers will receive a written "prescription" for the recommended regime and free samples.

Roc are also proposing a Pure Beauty clinic session, conducted by a Roc specialist (pharmacist or beauty therapist), where customers will be offered further advice.

Roc hope to increase the number of centres by about 50 a year, up to a maximum of about 200, says Roc UK managing director Alison Page. "We've had a brilliant response from pharmacists, who say they've been waiting for a company to do something like this."

Pharmacists will be provided with a display package including signs, shelf organisers and showcards. The new centres will be supported by an advertising and PR campaign. A stockist information telephone service will be available to consumers. Roc UK Ltd. Tel: 0273 517704.

Battery change

As a result of the EC Battery Directive concerning mercury content in batteries, Duracell are withdrawing a number of their batteries. These are: PX625, 675, 640, 23 and 27; 7H34; SP675; RM13H; RM1NPX1. The zinc hearing aid battery will also be available in a blister pack of three. Duracell. Tel: 0293 517527.



Headache at 10.00. St. Mark's at 12.00.

.... Time for Nurofen.

Clinical trials have shown that Nurofen is more effective than aspirin or paracetamol in relieving headaches. And, unlike some combination products that include codeine, it doesn't cause constipation or dependence.

Nurofen (ibuprofen) also performs well in relieving most other common indications: period pain, dental pain, muscular aches, flu symptoms. Also, unlike paracetamol and codeine, Nurofen has anti-inflammatory properties.

This efficacy is accompanied by an equally impressive safety record. Nurofen is safer in overdosage than either aspirin or paracetamol, and less likely than aspirin to have an adverse effect on the gastrointestinal tract.

Since Nurofen and Nurofen Soluble are sold only in pharmacies, more and more customers are bound to come to you for them. So ask for our new Professional Guide to Pain Relief: it'll help you recommend Nurofen on the basis of hard clinical data. And when you compare Nurofen to any other analgesic, we think you'll come to the inevitable conclusion – there is no comparison.

NUROFEN
SOLUBLE
NUROFEN
A BREAKTHROUGH
IN PAIN RELIEF

46 TABLETS

Nurofen. When it's time to recommend.

If you would like to receive our Professional Guide to Pain Relief, write to Crookes Healthcare Limited, P.O. Box 94, 1 Thane Road West, Nottingham NG2 3AA.



Outdoor Girl go back to base

Outdoor Girl are adding the final phase to their relaunched range with the reformulation of foundations, which now contain herbal extracts.

New to the range is Shine Free foundation (£2.25), an oil-free formula containing meadowsweet. It is said to absorb excess oil and give a light, natural finish. It is fragrance-free and contains UV filters. It comes in a 40ml tube in three shades - light beige, cool natural and translucent bronze.

Total Finish foundation (£2.25) has been reformulated and now contains comfrey extract and UV filters. It is fragrance-free. Natural Touch tinted moisturiser (£2.25) now contains elderflower extract and a sun filter. **Max Factor Ltd.** Tel: 0202 524141.

Cutex's French chic

Cutex have introduced a French manicure system. It comprises French Vanilla nail polish, nail tip white and colourless nail polish.

The products come packed together (£5.50) with a consumer leaflet on how to achieve the manicure and a £0.50 off voucher. **Rimmel International Ltd.** Tel: 071-637 1621.

Handy offer from Lentheric

Lentheric are introducing a limited edition Nail Essentials kit. Inside a compact wallet is a 9ml base coat, top coat and 30ml acetone-free polish remover.

Nail Essentials will retail at £3.99 and includes a £0.75 off next purchase voucher, redeemable against Lentheric nail enamel. It will be available from April 1 until August 31. **Lentheric Morny**. Tel: 0276 62181.



VO5 gets two intensive additions

Alberto Culver have responded to the continued growth of intensive conditioners with the addition of two products - VO5 Revitalising Complex and VO5 Revitalising Treatment spray.

The Revitalising Complex is a clear serum said to moisturise dry and frizzy hair, leaving it smooth and shiny. It comes in a 50ml glass bottle (£4.99) with a dropper applicator.

VO5 Revitalising Treatment spray can be used after and between shampoos to give a boost to dull, tired hair (100ml £2.99), say Alberto Culver.

Both products are packaged in window boxes in the VO5 black and beige colours. A £3 million television campaign and an on-going PR programme will support the VO5 intensive care range. **Alberto Culver**. Tel: 0256 57222.

Eastern Promise

Cutex promise a taste of the Orient with Exotic Bazaar, a rich and earthy collection.

Lasting colour lipstick (£2.99) comes in Spiced Batik, Red Madras, Peach Shantung and Raw Silk. Matching Lasting Colour

nail polish (£2.10) is available.

New for lips is the Lip Definer (£2.25), a plastic-clad pencil. It comes in four shades. **Rimmel International Ltd.** Tel: 071-637 1621.

SensiQ's matte shades for Spring

SensiQ are introducing New Age Neutrals, a collection of 17 matte shades for Spring.

For eyes, new Matte Shadow Silk (£2.99) comes in chocolate, sable, grey, moss, peach, apricot, taupe and sand.

New Perfect Lip Definer

(£2.29) has a water resistant, smudge-proof formulation and comes in two shades.

Also new is translucent face powder (£3.49), which gives a matte finish. Perfect Powder Blush (£3.29) comes in two new shades. **SensiQ**. Tel: 071-409 1413.

"The coldcare unit meant extra profit"

— quotes one of Crookes' Mystery Shopper cash prize winners.

"Get it right at point of sale and reap the profits" — that is the winning message in Crookes Healthcare's £55,000 cash bonus.

Thousands of pharmacists who ordered the special Mystery Shopper display units should now make sure they are well stocked with Strepsils, Karvol and the Dequa range and not just for increased

sales, but because each week, for the next nine weeks, the names of 50 pharmacists who ordered our special coldcare display will be picked out by our Mystery Shopper. The more well stocked units on display — the more cash can be won. The latest £100 cash winners have the chance to win the £5,000 grand prize. Congratulations to...

Mrs J McDonald, Bolton, Lancs.
Mr Grounds, Greenslade Ltd, Sheffield, South Yorkshire.
Mrs M Hulse MPS Disp Chemist, Sleaford, Lincs.
MJW Chapman, Chapman's Chemists, Taunton, Somerset.
JE Stewart, Courts Pharmacy, Ramsgate, Kent.

So effective display pays — quite literally! Comments from Crookes' prize winners:
"People come in and ask for items on window display"
"Very useful and sold a lot of Karvol because of it"
"Eye catching — definitely helped sales"
"It has increased the sales"

High Definition lips

Max Factor have launched High Definition lipstick, said to offer intense colour in a single application.

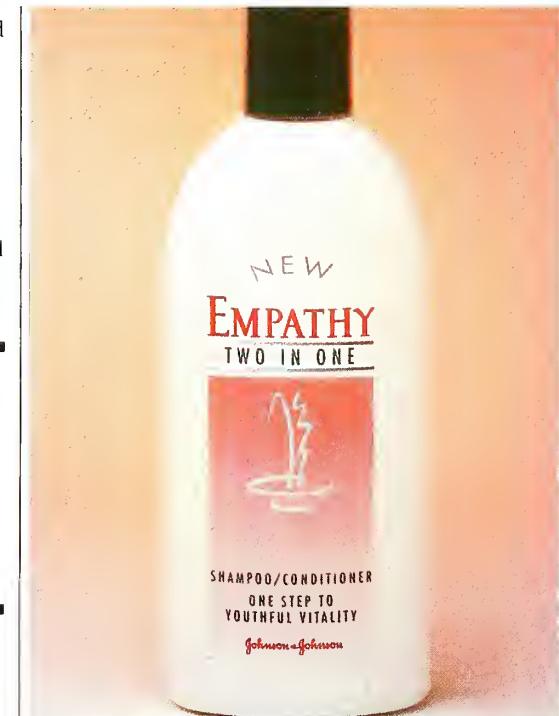
The lipstick incorporates finely milled colour pigment particles and stabilisers to keep it long-lasting.

It comes in 15 new shades, all matching Diamond Hard nail enamel, and retails at £3.50. **Max Factor Ltd.** Tel: 0202 524141.

New Gliss campaign

Schwarzkopf are supporting their Gliss Corimist range with a new £750,000 Press campaign.

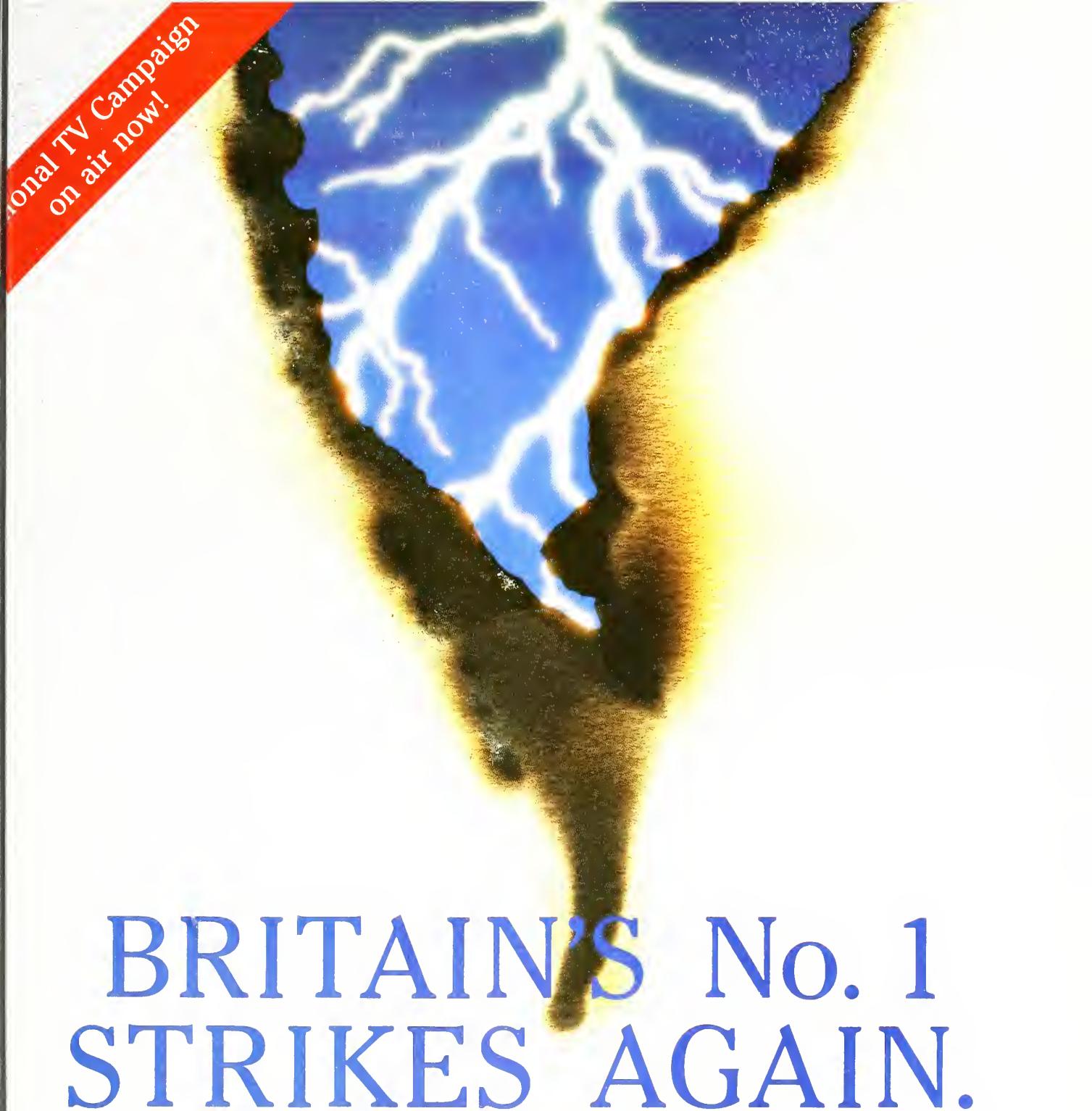
The new advertisement shows a model's hair styled into a nest-like topknot, in which tiny eggs have been placed. **Schwarzkopf**. Tel: 0296 88101.



Johnson & Johnson are introducing Empathy two in one shampoo and conditioner, aimed at older consumers. It has been formulated to restore health and shine to hair that has become limp and unmanageable, say J&J. It contains vitamins, D-pantenol and a protein rinse to help protect against comb damage. It will retail at around £1.99 (200ml) and will be sold in outers of six units. The launch will be supported by a Press campaign, together with sampling. **Johnson & Johnson Ltd.** Tel: 0628 822222.



onal TV Campaign
on air now!



BRITAIN'S No. 1 STRIKES AGAIN.

Sensodyne already dominates the sensitivity sector with a share of more than 80%. Now with the 10th Anniversary of Sensodyne TV advertising, we're striking yet again - we've planned a record TV spend covering 7 months of 1992.

And TV isn't the only area we mean to dominate. Our commitment to the dental profession over the last 20 years has never been so great, with the largest dental sales force in the UK resulting in 94% of dentists recommending Sensodyne.

Research shows 1 in 3 adults suffers from sensitive teeth. Through PR, sales promotion and features in women's magazines, we're making sure that everyone turns to Sensodyne.

Sensodyne is the No. 1 chemist brand in the total toothpaste market.¹ So don't burn your chances, strike today and stock up on Sensodyne - Original, Mint and fresh-tasting Sensodyne F.

Stafford-Miller Ltd., Broadwater Road, Welwyn Garden City, Hertfordshire AL7 3SP Telephone: 0707 331001

1. Independent research. Data on file Stafford-Miller Ltd. 1991



BRITAIN'S NO. 1 TOOTHPASTE
FOR SENSITIVE TEETH.

Scholl foot the bill for Muddy Fox bikes

Ten Muddy Fox mountain bikes can be won in a competition on Scholl's Total Treatment Pack for athlete's foot, which they are launching next month.

This special boxed pack (£4.50) contains a combination of their athlete's foot spray and powder. It is designed to illustrate to consumers that this combination is an effective treatment for athlete's foot.

In order to appeal to the majority of athlete's foot sufferers (mainly young,

sporty men), Scholl have also included an on-pack competition. Consumers are being asked to answer two product related questions and if correct, get a chance to win one of ten Muddy Fox "Courier Comp" mountain bikes.

The window box pack allows the two products to be seen alongside a shot of mountain biking in action. Entries for the competition are valid until December 31.

Scholl Consumer Products. Tel: 0582 482929.



National Bio-series

The Bio-series range is to become available nationally, after a two year test market.

Manufactured by the Danish company Pharma Nord, the range comprises nine products: Bio-selenium plus zinc, Bio-antioxidant, Bio-carotene, Bio-calcium plus D3, Bio-glandin 25, Bio-chromium, Bio-fiber 80, Bio-marine and Bio-quinone.

Q10. These are available in a variety of sizes, and prices range from £3.45 to £15.25.

Many research projects are being conducted on the products both in the UK and Europe.

The national launch will be backed by advertising and promotion. **Pharma Nord (UK).** Tel: 0670 519989.

Blistered!

The blister packaging of Nelson's Noctura, travel sickness tablets and hay fever tablets has been so successful that they have added their cold & flu relief tablets to the list. The pack, in attractive shades of blue, plum and white, contains 72 tablets (£2.98). **A. Nelson & Co Ltd.** Tel: 081-946 8527.



Coppertone has been relaunched in bright, new packaging by new owners Jean Sorelle. New product formulations include Supershade factors 10 to 15 (£5.99), Soothing Aftersun lotion (£5.49) and Sunless Tanning lotion (£5.99), a self-tan product. The brand will be supported by a £400,000 package including advertising in women's magazines. Other support will include a consumer promotion and new point of sale material. Jean Sorelle Ltd. Tel: 0733 76266

CLEAR SHELVES QUICKLY



— Leaders in natural health care

Distributed to the Pharmacy trade by Ernest Jackson & Co. Limited Tel: 0363 772251

With the natural remedies market growing fast, Olbas Oil and Pastilles are the natural way to combat catarrh and congestion.

Sales figures prove it; last year Olbas products cleared the shelves again.

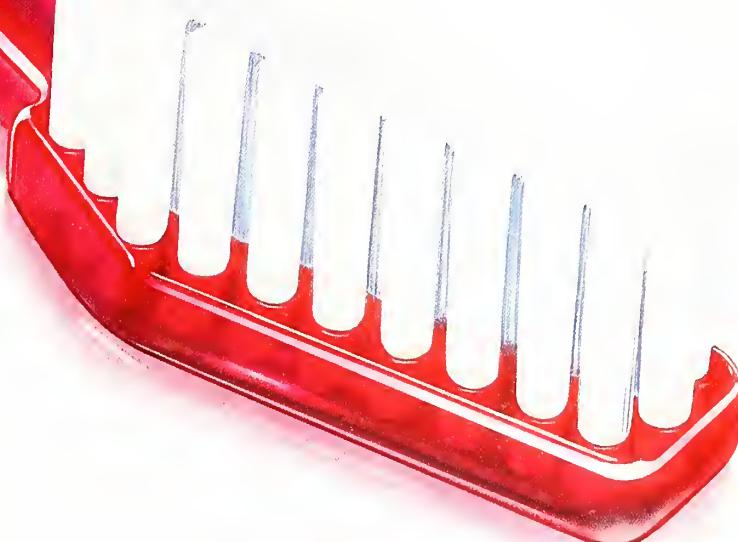
Supported by our biggest advertising expenditure ever, more and more people will turn to Olbas this year.

So clear away brands that congest your shelves and increase your sales with Olbas.



The natural remedies for noses and throats.

THE WORLD'S BEST SELLING TOOTHPASTE COLGATE WITH CALCIUM



Colgate's unique combination of fluoride and calcium is clinically proven to promote strong, healthy teeth.

The calcium content, which is now highlighted on pack, will motivate your customers and give them even more reason to choose Colgate Great Regular Flavour.

Backed by a massive £4 million TV launch, it is certain to stimulate extra Colgate sales.



AND OUR NEW BABY

At the younger end of the range is new Colgate 0-6 Gel, providing gentle care for children's first teeth.

Its star-shaped nozzle and 'fun' image will encourage children to brush their teeth from an early age, promoting additional purchases and so providing real profit potential for you.

Supported by our £17 million TV spend on the Colgate range this year, new 0-6 Gel will be advertised in Mother & Baby press and promoted through dental surgeries.

So make sure you celebrate our new baby, by giving it lots of room to grow.



SMILE

YOU'RE SELLING THE WORLD'S NO.1 TOOTHPASTE.

Colgate



Trade Mark Infringement

We draw your attention to the fact that it is an infringement of the rights of Ciba-Geigy in the registered trade mark VOLTAROL to:

- 1) apply this mark to packs originally sold under another brand name;
- 2) sell or dispense packs relabelled this way.

Ciba-Geigy has taken and will continue to take action against those who engage in either of the above practices.

Dispensing any other product on a prescription for VOLTAROL or VOLTAROL RETARD is also against the Code of Ethics of the Royal Pharmaceutical Society which clearly states that 'A Pharmacist should not substitute (except with approval of the prescriber or a hospital drug and therapeutics committee, or in an emergency) any other product for a specifically named product even if he believes that the therapeutic effect and quality of the other product is identical' (paragraph 1.4(ii))¹.

Ciba-Geigy will continue to take the necessary action to protect its intellectual property rights.

Reference: 1. Medicines, Ethics and Practice. A guide for Pharmacists, Number 7, October 1991

VOLTAROL, and VOLTAROL RETARD are Trade Marks of Ciba-Geigy Limited.

Safe offer

Adam Leisure are offering retailers £3 off the price of their Safe & Sound Rechargeable Monitor. The offer runs until March 27. **Adam Leisure Group. Tel: 0423 501151.**

Cure the sneezes

Weleda are offering a special deal on nine of their homoeopathic remedies for hayfever. From March 1 pharmacists will be able to purchase three outers for the price of two. **Weleda Ltd. Tel: 0602 303151.**

Chocs from Fuji

Fuji are offering customers a family sized bar of Cadbury's

milk chocolate free with every purchase of special super HG twin packs of film. **Fuji Photo Film (UK). Tel: 071-586 5900.**

Compeed size

Compeed blister protectors are now available in a smaller size, suitable for areas such as fingers and toes. A box of five will retail at £2.99. The medium size retails at £3.29. **Sorbothane. Tel: 0772 421434.**

Kodak quality

Kodak have given their quality award to the point of sale supplier Displaywork. Around 50 suppliers currently have the award.

On TV Next Week

GTV Grampian	C4 Channel 4	TV-am Breakfast
B Border	U Ulster	Television
BSB British Sky	G Granada	STV Scotland (central)
Broadcasting	A Anglia	Y Yorkshire
C Central	TSW South West	HTV Wales & West
CTV Channel Islands	TTV Thames Television	TVS South
LWT London Weekend		TT Tyne Tees

Anadin Paracetamol:	All areas except G
Beecham Hot Remedies:	All areas
Benylin cough treatments:	All areas
Bodyform Plus:	All areas except G,C,CTV,C4,TV-am
Colgate — Great regular flavour:	All areas
Cough Caps:	All areas
Endekay dental health gum:	TV-am, Sky
Halls Mentholyptus:	A,G,HTV
Hofels Garlic Pearls:	G,Y,C,A,HTV,TSW & TT
Ibuleve:	C
Just for Men:	All areas except TTV & TV-am
Labello lipcare sticks:	U,G,Y,C,TVS,LWT
Lanacane Creme:	HTV,TVS
Le Condom:	STV,G,TT,C4
Listerine:	G,Y,TVS,TTV
Mu-Cron:	All areas except LWT,TTV & TV-am
Braun Oral B Plaque Remover:	All areas
Pure & Simple:	All areas except U,CTV,LWT & C4
Radian B Mineral Bath:	Y,C
Sanatogen Childrens Vitamins:	All areas except GTV,Y,HTV,CTV,TTV,C4
Sanatogen Cod Liver Oil:	G,Y,HTV
Sanatogen Olympic/Multivitamins:	All areas except GTV,Y,HTV,CTV,TTV,C4 & TV-am
Sensodyne toothpaste:	GTV,U,BTV,C
Seven Seas Evening Primrose Oil:	TV-am
Seven Seas Pure Cod Liver Oil:	All areas
Silkience hair care range:	All areas
Sinutab:	All areas
Slim-Fast:	All areas
Solpadeine:	STV,B,G,C,HTV,C4 & TV-am
Synergie Bio Contour:	All Areas
Ultra Togs:	TV-am
Wrigley's Extra & Orbit:	G,A,HTV,TSW,TVS & LWT

CIBA-GEIGY

Ciba-Geigy PLC,
Hulley Road, Macclesfield, Cheshire, SK10 2NX



Our prescription for a healthier business.

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Take our Merchandising Support (you should), which forms just one part of our Partnership Programme.

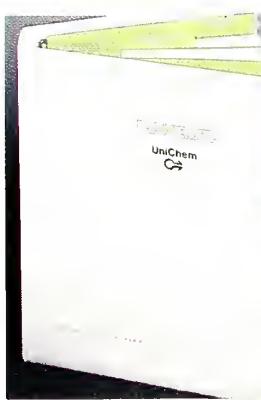
It comprehensively covers every aspect of your store, inside and out, offering free advice, or inexpensive services, with but one simple aim.

To bring you more business.

The Partnership Programme is so all-embracing, (covering, for instance, promotional help and advice, UniPos, point-of-sale material and many other services), we could write a book about it.

So, of course, we have.

It'll be in your hands in no time at all.



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HELPING YOU BUILD YOUR BUSINESS THROUGHOUT THE YEAR.

UniChem plc, UniChem House, Cox Lane, Chessington, Surrey KT9 1SN Tel: 081-391 2323

1992
/

Script specials

Cusi's Alnide for the eyes

Cusi are adding to their ophthalmic product range with the launch of Alnide.

This contains isotonic, sterile, aqueous solutions of cyclopentolate hydrochloride 0.5 and 1 per cent, buffered to pH5 and containing 0.01 per cent benzalkonium chloride. It is used for diagnostic purposes and to dilate the pupil in inflammatory conditions of the iris

and uveal tract.

Dosage, contra-indications and side-effects are as for similar products containing cyclopentolate (see Data Sheet). It should be stored below 15 degrees C and protected from light.

Alnide comes in a 5ml dropper bottle (0.5 per cent £1.38, 1 per cent £1.76, both prices trade). **Cusi (UK) Ltd.** Tel: 0428 61075.

Data Sheet changes for Minims metipranolol

Following associations between granulomatous anterior uveitis and Glauline, Smith & Nephew are now warning of the possibility of this association in the Data Sheet for Minims metipranolol.

They point out, however, that there have been no such reports associated with Minims metipranolol to date. Any cases of uveitis suspected in association with it should be reported to the Committee on Safety of Medicines via their yellow card scheme.

In addition, S&N are restricting the use of Minims metipranolol in chronic glaucoma to those patients who are allergic to the preservatives commonly used in multi-dose preparations or those wearing soft contact lenses, who should avoid benzalkonium chloride.

Lariam doses

The Centers for Disease Control has altered its recommendations for malaria prophylaxis in *Plasmodium falciparum* drug-resistant areas, and Roche have changed the prescribing information for Lariam, which is now available in packs of eight (Script Specials last week).

The dose size remains the same: adults and children over 45kg (one tablet); children 15-19kg (a quarter); children 20-30kg (half); children 31-45kg (three quarters). Doses should be taken once weekly on the same day. For brief stays treatment should continue for a minimum of six weeks.

For both brief and prolonged stays the first dose should be taken one week before departure. Further doses should be taken at weekly intervals during and for four weeks after visiting the malarious area. **Roche Products Ltd.** Tel: 0707 328128.

The company is also discontinuing Minims metipranolol 0.6 per cent, and all patients on that strength should have their medication reviewed as soon as possible. **Smith & Nephew Pharmaceuticals Ltd.** Tel: 04023 49333.

Medical Matters

'NIDDM as serious as IDDM'

Although it is commonly thought that non-insulin dependent diabetes mellitus (NIDDM) is less serious than IDDM, this is not the case, according to Professor Robert Tattersall.

Speaking at a Bayer seminar in London, he said that NIDDM is associated with considerable macrovascular and microvascular disease and glucose control is just as important for both types of patients.

Animal studies have confirmed that good blood glucose control as soon as possible after the start of the disease prevents the onset of complications, but that there is a "point of no return." If control has not been good up to that point (probably around five years), then even excellent control thereafter will not prevent the vascular disease

BD pen not on FP10

The new Becton Dickinson pen injection system for diabetics (C&D February 1, p164) is not available on FP10. **Becton Dickinson Consumer Products.** Tel: 0865 777722.

Toncard injection

All pending back orders for Toncard injection 15ml should be considered as cancelled; supplies are no longer available, say **Astra Pharmaceuticals Ltd.** Tel: 0923 266191.

Salazopyrin stocks

Stocks of Salazopyrin suspension are unlikely to be available before the end of the month, due to a manufacturing problem. For details on alternative measures, contact **Kabi Pharmacia Medical Information Department.** Tel: 0908 603745/603820/603827.

Cedilanid going

It is Cedilanid that Sandoz are discontinuing on April 30, not as stated in Script Specials last week. **Sandoz Pharmaceuticals.** Tel: 0276 692255.

Bigger Brufen syrup

Boots Pharmaceuticals are launching a new size of Brufen syrup on March

1. The 500ml pack, costing £4.17 (trade) will replace the existing 200ml pack which will be phased out during 1992. **Boots Pharmaceuticals UK.** Tel: 0602 240909.

Low volume Depixol

Depixol LV is a low volume presentation of the schizophrenia treatment Depixol. It facilitates extended dosage intervals and allows poor responders to be given the maximum dose in only 2ml, so avoiding split site injections or compromising patient comfort. It is available in boxes of five 200mg 1ml ampoules (£99.90, trade). **Lundbeck Ltd.** Tel: 0582 416565.

Injectable One-alpha

One-alpha is now available in a parenteral formulation, which Leo say offers benefits to patients undergoing dialysis. It is available in a strength of 2mcg alfalcidol per ml in 0.5ml ampoules (10 £24.90) and 1ml ampoules (10 £47.50, both prices trade). **Leo Laboratories Ltd.** Tel: 08444 7333.

Doxylar is back

Lagap Pharmaceuticals are reintroducing Doxylar, dark green doxycycline 100mg capsules coded "Lagap/DOX 100" (50 £20, trade). **Lagap Pharmaceuticals Ltd.** Tel: 0420 474427.

Ashbourne extend

The Ashbourne range is being extended with the launch of the following: Metalpha tablets (methyldopa) 250mg (84 £4.49) and 500mg (84 £8.84); Demix capsules (doxycycline hydrochloride) 100mg (8 £3.76); and Rommix tablets (enteric coated erythromycin) 250mg (28 £5.09) and 500mg (28 £5.82, all prices trade). **Ashbourne Pharmaceuticals Ltd.** Tel: 0604 882190.

Histoacryl on FP10

The tissue adhesive Histoacryl is now available on FP10 prescription. **Davis & Geck.** Tel: 0329 224114.

Accupro colours

The colour coding of Accupro packs is to change to: deep turquoise (5mg), royal blue (10mg) and warm red (20mg) once current stocks are exhausted. **Parke-Davis Research Laboratories.** Tel: 0703 620500.

Polycrol gel update

Following a long-standing problem with the supply of Polycrol gel and Polycrol Forte gel, Roche are discontinuing both items. The tablets remain available. **Roche Products Ltd.** Tel: 0707 328128.

Normetic and Amilco

Abbot are discontinuing Normetic, but say that the same product remains available under the brand name Amilco from **Baker Norton.** Tel: 0279 426666.

AIDS drug?

The precious metals company Johnson Matthey may have discovered a new weapon in the fight against AIDS. However the company are very reticent about the discovery, made at laboratories near Philadelphia.

Executive director Gordon Thorburn said: "Although we have something, we are looking to sign an agreement with a pharmaceutical company and it will be years before

we could come to the market with it." The company have not named or identified the compound.

Johnson Matthey have a strategy of developing value-added businesses, said Mr Thorburn, including bio-medical products. The company has been working in the area of bio-medical products for the past five years and manufactures the cancer drugs Paraplatin and Platinol for Bristol-Myers Squibb.

Extra Greens are good for you

Effico, the distinctive green coloured tonic is now available in a new, large 500ml bottle - so there's extra greens for your customers and extra profit for you!

Effico is the only tonic available containing an appetite promoter as well as 'B' vitamins, providing a pick-me-up after illness. This could be one good reason why pharmacy sales have increased by 14% over the past twelve months.¹

Now in a new 500ml bottle, your customers have even more choice and value for money.

With a bright, colourful pack and an extensive advertising campaign in the National Daily Press, there's no doubt that Extra Greens will be a tonic for your business!



Pharmax HealthCare Ltd.
Bexley, England. DA5 1NX



Pharmax HealthCare Ltd.
Bexley, Kent, England.



Pharmax
HealthCare

Through the looking glass...

Faces are certainly big business — the value of the skincare market is now approaching £400m with the largest sector, facial skincare, adding innovation, interest and growth

Sales of skincare products have grown ahead of inflation over the last year, though less rapidly than in previous years.

The "toiletries" facial skincare sector makes up 61 per cent of skincare sales, according to Ponds. And it is this market that is growing, despite the fact that around 90 per cent of women already claim to use a moisturiser. Smith & Nephew put annual growth of toiletry moisturisers at 10 per cent value, while Almay say growth rate in the total skincare market has slowed to 7 per cent.

Facial skincare is a diversifying market that has been boosted by several factors. Increasing consumer awareness has been heightened through sustained media coverage. And the mass market is trading up with technological advances creating a new sector of sophisticated formulas, traditionally the domain of premium brands only.

Although these anti-ageing products are still in their infancy in the mass market, they are becoming popular choices with consumers. There is a demand for high performance formulations — and customers are prepared to pay for them. Words like "UV filters", "hypo-allergenicity", and "dermatologically tested", are becoming increasingly desirable.

Women are promiscuous in their purchasing pattern of skincare, according to research by Claire Fisher conducted prior to launch of their natural skincare range last June. Up to 60 per cent of respondents admitted they use more than one brand at a time.

Many skincare ranges have traded up over the past year, reflecting increasing customer sophistication. Examples are Pure and Simple, relaunched last September with emphasis on product performance; Timotei, relaunched with the addition of a bodywash last Spring, and more recently Ponds, repositioned last month at the top end of the mass market.

In response to the rapidly-growing "specialist" niche market, Almay are expanding their Special Treatments collection this Spring with three new products: Moisture Multiplier, Neck and Bust Treatment, and Gentle Exfoliating Wash. And the anti-ageing sector

continues to grow. Vichy introduced Temporalia last October, and last month L'Oréal added Active Wrinkle Control to the Plénitude range.

Natural ranges have grown in popularity alongside the "green" trend. Montagne Jeunesse's Royal Jelly and Evening Primrose Oil skincare ranges and Claire Fisher's Natural Cosmetics range were both introduced last Summer.

But despite the green movement, consumers are not willing to sacrifice performance when buying green products. L'Oréal launched Synergie last March with the theme: "The alliance of science with nature". The products combine the latest technological advances with active natural ingredients. Around half the users are in the 16-34 age group.

In fact in the total skincare market, the 25-34 year olds represent a 23.5 per cent spend, while married women take 60 per cent plus share, say Smith & Nephew.

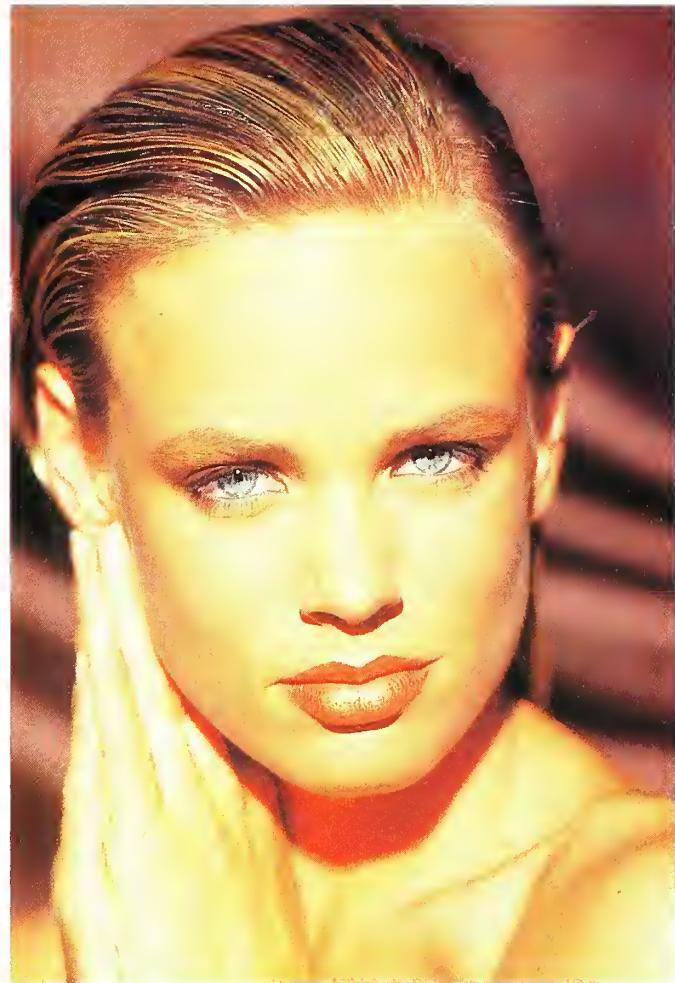
Convenience?

Although the convenience of "2 in 1" products has proved popular in other toiletry areas, the concept has not really extended to the skincare market. However Ponds introduced Hydro-Nourishing Moisturiser last month, said to be rich yet easily absorbed and suitable for both day and night time use.

Mintel say that as well as increased specialisation, there is a trend towards combination products such as moisturisers with sun-care properties. So is "treatment" foundation likely to become a popular product?

Vichy's marketing manager Kim Bayley believes it could, but points out that there will always be a place for treatment moisturisers; a foundation needs to produce perfect cover and finish, so treatment can only be a secondary aim. And there will always be a place for the natural, make-up free look.

Mintel expect that over the next four years moisturisers will remain the main growth area as consumers continue to trade up. And they expect that the technological advances and segmentation that has occurred with moisturisers will filter out to cleansers and bodycare



too, as women become increasingly body-conscious. Men's skincare is also expected to do well,

though again growth will be from a small base (see *Chemist & Druggist* August 10 1991)

Myth, mystery or magic?

The new breed of skincare products are better described as treatments rather than cosmetics. So do promises of regeneration and renewed youth signal a blending of drugs with cosmetics?

In the USA, companies manufacturing skincare products with extravagant, unsubstantiated claims have been taken to court. But in the near future anyway, this situation is unlikely to arise here because the borderline between a medicine and cosmetic is drawn in a slightly different place.

The USA classifies any product that alters the physiological function of the skin as a drug, including antiperspirants, anti-dandruff shampoos, and many anti-ageing creams. These have to be labelled as medicines and physiological claims have to be justified.

In the UK skincare products are controlled under the Cosmetic Product Safety Regulations which scrutinise ingredients carefully. Under the Trade Descriptions Act it is an offence to make a misleading description, and The Code of Advertising Practice has a section on cosmetics. So in the UK cosmetics altering skin structure are not classified as drugs.

"But if there were a new generation of potent ingredients these would go into the medicines category," says Marion Kelly, director of the Cosmetic, Toiletry and Perfumery Association. Although liposomes are a carrier mechanism and increase penetration of ingredients into the epidermis, Ms Kelly says: "I don't think the degree of penetration is such that it's any cause for concern." Liposomes reach a part of the epidermis not worked on before, but still do not affect the dermis, while "cosmopharmaceuticals" would affect the dermis: an example is retinoic acid, said to affect collagen.

Ms Kelly says that most legal classifications are for the purpose of safety. "If a product does good then it has the potential to do harm — anything that acts has the potential to react as well."

Claims for boosted cell renewal depends on how this is defined — as soon as the skin is touched, it renews, so abrasives have a head start! Skin renews faster at night, so night creams have an advantage too. So physiological function has to be separated from everyday activities.

Many companies conduct "before and after" tests demonstrating product efficacy. "Techniques of measurement are now so advanced that changes not perceptible to the naked eye can now be measured," says Ms Kelly. But she adds that some of the advances may be in the ability to measure changes rather than in the exclusive ability of new products to cause change. Her last word: "What would have been the effects if these experiments had taken place using old-fashioned vanishing cream?"

The new-age skincare products use carriers like liposomes and liquid crystals to target ingredients deep into the epidermis. Light-as-air formulations promise regeneration and youthfulness.

Vichy's marketing manager Kim Bayley says that lighter formulations and a natural look are consumer-driven factors. "Liposomes are a very necessary part of the market today."

But do consumers understand these products? According to L'Oréal, the market has been motivated by technology and consumers want to understand and get into it. The company sees education and trialling as important strategies for Plénitude, their skincare range based on the concept of anti-ageing. Launched in 1988, Plénitude now claims to be "number two" in the facial skincare market with a 4 per cent sterling share; the brand is said to be growing at 38 per cent year on

of their size and chemical composition: they can carry different ingredients in varying parts of the liposome. Liquid crystals are also proving popular as carriers, particularly for eye gels. Multi-phase emulsions of

mainly confined to the premium end of the market, but may well become another accepted mass market item as technology marches on.

But Smithkline Beecham, manufacturers of Pure & Simple,

Time in a bottle

New technology has shaken up the skincare mass market as sophisticated anti-ageing lotions and potions traditionally associated with premium products have appeared

oil-in-water -in-oil are another player in the market they go one step further than traditional emulsions.

Wrinkle-free?

Anti-wrinkle creams "plump up" cells, giving the skin a smoother, firmer appearance. Plénitude's Active Wrinkle Control claims to help smooth away fine lines and wrinkles and reduce the formation of new ones. It contains a patented ingredient, natural bio-proteinic concentrate, which integrates into the cell's intercellular liquid, supplying nutrients to the

feel it is important not to blind the customer with science but to offer products with real benefits and for specific identified roles. However the company, like others, foresees the skincare market moving towards more specialised products, with anti-ageing taking an increasingly important role as the demographic profile changes.

After all, as Seven Seas say, we are now an ageing society with half the population aged over 40!

Continued on p252



Active Wrinkle Control is the latest addition to L'Oréal's Plénitude range, supported with a package worth over £3million. Advertisements are now running in the women's Press and, from mid-March, a television campaign will run for six weeks. Two million sachets will be distributed in door-to-door sampling and trial sizes will be available through groceries and pharmacies

epidermal cells. This, combined with hydrating agents and UV filters, helps slow down the process of premature ageing, say L'Oréal.

Technology has hit night creams as well. Gone are the days when a greasy, sticky film would sit on the skin all night — these potions can now be light and non-sticky yet effective. "Many consumers are unaware that skin is living and has rhythms," says Mr Bayley.

At night the skin concentrates on repair and renewal while at day it protects itself. So night treatments work with the skin when it is receptive to treatment.

Serums and beauty balms are still



Pond's skincare range now features skin type descriptors and has been rationalised with removal of the 50ml sizes. New is Hydro-Nourishing Moisturiser, suitable for day or night time use. It will be supported with a £1m commercial through March, plus sampling in the women's Press and trial-sized packs

Eyes right!

The eye area is one of the first to show signs of ageing. It is a particularly delicate area; the skin is around one thousandth of the thickness of the cheek.

Although soothing, refreshing eye products have been around for some time, only recently have "treatment-orientated" versions hit the mass market. And they are proving a hit with consumers.

L'Oréal say that over 12 per cent of women now use an eye cream or gel. They say Contour Regard, a liposome eye cream-gel, revolutionised the eye care market within the UK by pricing such products for the mass market.

Massive advertising spends have boosted awareness of eye treatments; an example is Synergie's Bio Contour eye gel which is currently being advertised.

Vichy's marketing manager Kim Bayley views eye care as "a very interesting market", with two factors responsible for its growth: the breakthrough in gel and liposome technology, and the trend towards a natural look.

"The buzzword is no longer hide it; it's treat it," he says. The trend of "conceal to appeal" is disappearing, as consumers see the eye area as a focus of natural beauty.



Advertising for Vichy's anti-time day care cream, Temporalia, launched last October

year. Three quarters of consumers are said to repurchase.

Meanwhile Vichy's Temporalia, launched last year, is marketed as an "anti-time" day care cream for women aged 25-plus. "Liposomes in themselves are no longer hot news," says Kim Bayley. "They are part and parcel of the formula, not additives to it."

Vichy believe that women, especially younger ones, want to act upon and prevent time-induced changes to their skin, but often do not identify with products called "anti-ageing" and "anti-wrinkle".

Liposomes themselves are diversifying, and can vary in terms



Synergie will be supported with £3m this year, comprising three television campaigns, three Press campaigns, and six million free sachets. The first £1m burst features Bio Contour Press advertisements for the first two months of the year with a television campaign running until mid-February, and also Daily Moisturiser Press advertisements. Trial sizes of Daily Moisturiser will be available from March onwards.

Facing up to competition

While grocers have made an impact on the skincare market and are growing with it, other outlets such as pharmacies and drugstores are being left behind, say L'Oréal. The company says that although pharmacy remains a key sector, SDC data shows that independent pharmacies lost 23 per cent volume and 7 per cent value of the skincare market between October '90 and October '91. And Vichy add: "We think their share will continue to decline unless pharmacists get their act together."

A price war with grocers and drugstores is not the answer for independents — good merchandising and advice looks like being the way forward for skincare.

Good advice

As the skincare market diversifies, pharmacists should seize the opportunity to offer advice and get one step ahead of grocers.

There is no doubt that consumers want to learn about skincare — manufacturers get hundreds of letters a week quizzing them about formulations. And Claire Fisher's research revealed that 82 per cent of women find the advice of their local pharmacist useful, with 68 per cent saying they ask for advice frequently.

Manufacturers say pharmacists should make the most of the courses they offer for chemist counter assistants — some are free! They say the same goes for information leaflets which should be displayed to encourage consumer interest.

Merchandising

Good merchandising is vital to attract skincare sales, yet Vichy describe merchandising in some pharmacies as "laughable". Pharmacies on the Continent are a different story, projecting a clear, uncluttered image, they say.

Shopping should be made a pleasant experience where browsing is encouraged. It is impossible to browse in badly merchandised shops: customers tire easily, and will shop elsewhere if they cannot find what they want quickly.

Ranges

- The sheer number and choice of skincare ranges available to the consumer is daunting, and selecting the ranges to suit customer needs can result in healthy or lost profit, say Crookes. So rationalise stock to around five ranges, for example, then specialise in these and stock all variants.
- Include pharmacy-only lines like Vichy — every sale is a future sale for pharmacy.
- Emphasise medically-orientated brands like E45 and Vaseline Derma Care.
- Identify local competition, and establish if a consultancy skincare line would be worthwhile. High performance brands encourage the need for advice

Shelves

To benefit from media support, keep shelves stocked up.

- Display whole ranges together
- Display ranges in "blocks" rather than along the shelf in a long line
- Clearly separate different ranges
- Use manufacturer's merchandising material and keep it fresh by changing it regularly
- Encourage browsing. Stock skincare lines so they are visible, but avoid a very busy area of the shop which may hinder browsing
- Keep displays clean and tidy
- Create animation — use shelf edgers and talkers
- Encourage trial — display clean testers and stock trial sizes — prices below £1 are often impulse buys
- Use dual siting if possible, but if not, trial sizes are better displayed with the range rather than at the till

Window

- Make the most of window displays as this is one area usually ignored by grocers
- Choose large, striking window display material rather than concentrating on fussy details. The average customer will only have one second to look in the window
- Plan window displays in advance

Point of sale

- Over two thirds of purchase decisions are made at the point of sale, according to Kesslers International, manufacturers of point of sale and merchandising material

Spring cleaning

Mintel say that skin cleanser usage is below the European average and so has scope for growth. Claire Fisher's research shows that British women see themselves as lazy about their cleansing routine — but they are beginning to change.

Surprising though it may seem, around half of women still wash their face with soap and water. But many are now switching to wash-off cleansers which offer the benefits of soap in a convenient, non-drying, refreshing formula.

Manufacturers agree that wash-off formulas are boosting sales of cleansers. Smith & Nephew, who have a foaming facial wash in the Nivea Visage range, say wash-off cleansers are

particularly popular among younger consumers and for morning usage, with 16 per cent of 16-24 year olds using a facial wash in the morning.

Graham Quinn, brand manager for Almay skincare, says that research shows many women do not feel fully cleansed and refreshed after using traditional soap and water. Almay have expanded their cleansers and toners in the Dry/Slightly Dry range and will be introducing Gentle Exfoliating Wash this Spring.

Laboratoires Garnier say that usage of facial washes has increased by 30 per cent over the last 18 months. Synergie's Aqua Cleansing Wash is one of the best selling products in the range.



Pure & Simple, relaunched last September, is being supported by a £1.6m national television advertising campaign during February and March, with Yasmin Le Bon. Advertisements will also run in the consumer Press.

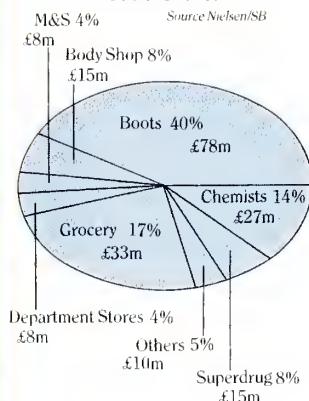
Most important considerations taken into account by 1,142 women when choosing facial creams/lotions

Tested without cruelty to animals	56%
Value for money	48%
Contains natural ingredients	36%
Hypo-allergenic	25%
Well known brand	23%
Thoroughly cleanses or moisturises	23%
Consistency (ie cream, lotion, milk, mousse)	11%
General purpose cream or lotion	10%
Anti-ageing properties	4%
Own-label	3%
Packaging (ie tube, bottle)	2%
None of these	2%
Never buy facial creams or lotions	5%
Don't know	3%

Source BMRB, Mintel, Smithkline Beecham, July 1991

The Market

outlet shares

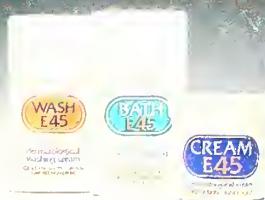


Nivea Visage entered the regime skincare market last year. The range includes nourishing night cream and anti-wrinkle cream.

Continued on p254

ALL AVAILABLE ON

FP10



At last a complementary skin maintenance programme that is not only recommended by dermatologists and doctors, but is so effective that your customers actually recommend it to each other.

THE ART OF SKIN MAINTENANCE

Recommend all 3 products to use on a wide range of problem dry skin conditions.

Cream E45: Britain's biggest selling emollient and 6th largest OTC product in pharmacy. It can be relied upon to soothe and help relieve a wide range of dry skin conditions from sunburn to the dry stages of eczema.

Wash E45: A dermatological washing cream for the whole body.

Its unique non-drying formula actually cleans effectively without removing the skin's natural barrier of oils.

Bath E45: The latest addition to the E45 programme. Ideal for soothing widespread dry skin conditions, because of its long lasting emollient effect.

The E45 skin maintenance programme, because the customer is always right.

E45

DERMATOLOGICAL SKIN CARE





Seven Seas have expanded their range to basic skincare with their new Avocado oil for dry skin and passion fruit oil for skin elasticity.



Age spots are dark clumps of pigmentation, sometimes found on the backs of hands, resulting from melatin being produced in excess quantities, often due to long-term exposure to the sun. Topifram age spot formula contains hydroquinone, said to limit the amount of melatin produced and lighten age spots.

Body basics

Mintel predict that bodycare toiletries will grow, although growth will be from a relatively small base. They predict new technology from moisturisers will spin off into cleansers too, and products for specific areas of the body may well become more popular.

Body-conscious Lycra clothing may spur on sales of bodycare products. Vichy's marketing manager Kim Bayley says that in the UK many women think skincare stops at the neck — British women are anxious not to appear vain and there is a feeling of "I'm not worth it".

But the trend toward health, fitness, and body-conscious Lycra clothing may help to change this.

On the Continent, women are much more body-conscious, even from an early age, and specialised body care products are popular.

Growing awareness of the damaging and ageing effects of UV rays prompted Elida Gibbs to launch Vaseline Intensive Care UV Daily Defence Lotion last September. The company says that since its launch, it has achieved a 5 per cent value share of the bodycare market.

And last July Vaseline Derma Care was made prescribable as a borderline substance for treatment of eczema, xeroderma, ichthyosis and senile pruritis. To reflect this therapeutic positioning, new packaging was also introduced last year along with a 200ml jar.



Simple's rich moisturising lotion, launched last June, is the latest addition to the Simple range. Simple claims to be the fifth largest brand within toiletry moisturisers with a 12 per cent sterling share.

Top five toiletry skincare brands (all outlets)

Bodyshop
Oil of Ulay
Vaseline Intensive Care
Plenitude
Nivea

Source: Nielsen Consumer Data, 12 months ending October '91



The Vaseline range will be supported through the year with promotional campaigns.



Claire Fisher Natural Cosmetics, launched last June

Continued on p256

£1.5m
puts a different
complexion on
skincare



• £1.5m (meal) national T.V. campaign February/March 1992

PURE
& SIMPLE
Protects your skin today. For tomorrow

The changes in the appearance of the skin, particularly of the face, neck and hands, that occur with the passage of time are almost entirely not due to ageing. To a very large extent they are due to the damaging effects of exposure to ultraviolet light, mainly from the sun.

There are changes in the skin due to true ageing but these are small in comparison with the much more marked and visible alterations caused by sunlight.

Changes in the elasticity of the skin occur as the result of ageing processes: an example is the increase in propagation of a shear wave through the skin of the inner forearm (a sun-protected site) that occurs with age. Significantly, the increase is very small between the ages of 20 and 70 and is only really clear-cut from the age of 80.¹

Other true ageing changes can be seen under the microscope, such as flattening of the inter-digitations between the dermis and epidermis, and changes in the shape and size of cells of the epidermal basal layer.

While the overall thickness of the stratum corneum is unchanged with age, the individual cell size is increased, moisture content decreased and cellular cohesion diminished.^{2,3} But these changes do not cause much alteration to the appearance of the skin: their main effect is to make it more vulnerable to injury and heal more slowly. The skin may appear dry and may have a tendency to sag.

It is interesting that the skin of the buttocks (an area that receives little lifetime sun exposure) of a person of 80 looks very little different to that of a 20 year old.

The ageing face

In contrast, there is no difficulty in distinguishing the facial skin of an 80 and 20 year old. Why should this be?

Some of the changes are due to alterations in the anatomy of the underlying structures of the face that occur progressively with age. The bones of the skull become thinner, allowing the overlying facial tissues to sag.

From about 25 years of age, the eyebrows descend from above the bony eyebrow ridge to below it. This causes the skin around the eyes to become loose, allowing fat under the skin to create bags under the eyes.

Changes in the bone and cartilage of the nose causes widening and lengthening of the nasal tip. The structure of the chin also undergoes changes leading to the loss of a well-defined jaw-line.⁴ Many changes also occur in the skin itself and studies by many investigators over many years have shown that most of these skin changes are due to sun exposure — in particular exposure to ultraviolet light — rather than to the passage of time.

It is exposure to UVB that produces most of the acute and chronic effects of sunlight on the skin. UVB penetrates the outermost layer of the skin and enters the epidermis but only about 5 per cent passes through the epidermis to the dermis. In contrast, UVA penetrates the skin much more deeply, about 55 per cent reaching the dermis.

An age-old problem...

'Age cannot wither her...' When Shakespeare wrote that about Cleopatra, he must have had knowledge in advance of his times, says Dr Oswald Morton, consultant physician to Windsor Healthcare and Uvistat Solar ageing

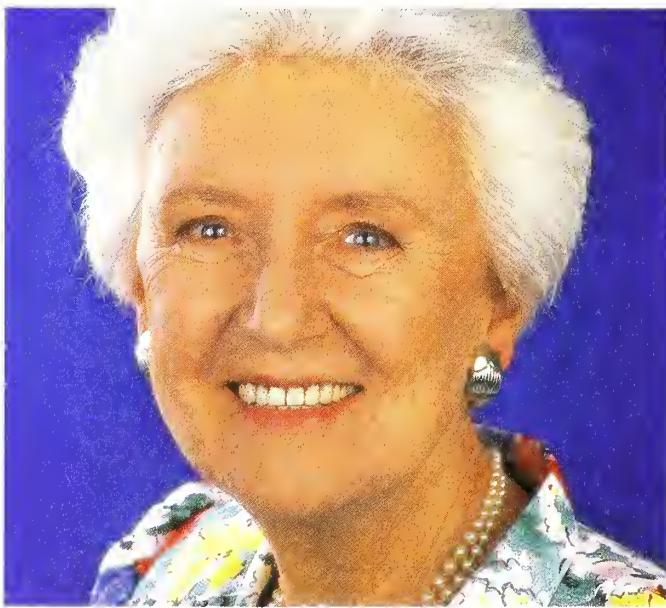
As well as producing the acute effects of sunburn and tanning, UVB causes damage to the underlying supporting structures of the skin, the collagen and the elastic tissue. These structures are part of the dermis and, since little UVB penetrates into the dermis, the damage caused by exposure to UVB must occur by an indirect mechanism.

It is likely that cells of the

to a weatherbeaten appearance with thickening of the skin, particularly on the back of the neck, deep wrinkling, permanently enlarged blood vessels and blotchy areas of pigmentation and de-pigmentation.

Free radicals

It is not fully understood how UV light brings about these changes. Its energy comes in packages called photons. These may react with, and damage, the molecules forming



epidermis damaged by UVB release activating factors that descend into the dermis altering the collagen and elastic tissues and causing dilatation of the blood vessels, so producing redness of the skin, burning and longer-term harm. UVA has been shown to contribute significantly to damaging the elastic tissue but not to damaging collagen.⁵

Exposure to sunlight over many years leads to permanent changes in the skin. In the dermis an abnormal tissue called elastosis develops which, despite its name, has very poor elastic properties, so allowing the skin to sag. Damaged collagen allows the development of wrinkles. The outward appearance of sun-damaged skin is of coarseness, wrinkling, laxity, enlarged blood vessels and mottled pigmentation. In addition there are changes showing the skin's predisposition to develop skin cancer, and skin cancers themselves.²

In those exposed frequently to the sun, changes occur which lead

part of the essential biochemical structure of the skin, leading to harmful changes.

The photons may also cause the release of so-called free radicals. Free radicals are atoms, ions or molecules in which the inner balance has been affected by the loss or gain of an electron. This causes a great increase in chemical activity and such activity is harmful, generally. Most often, the free radicals formed relate to the oxygen atom and, since biochemical reactions involving oxygen are vital to animal life, oxygen-based free radicals may be very damaging to the tissues. True, chronological, ageing of the skin not caused by UV light may, in part, be due to free radicals generated in the body during normal metabolism.⁶

The visibility crisis

Everyone is exposed to sunlight from birth. Yet changes due to damage to the skin from UV light do not begin to appear until about 30 years of age. In the 40s skin

changes accelerate, sometimes with alarming rapidity: the visibility crisis. But why do the changes due to UV damage not appear in the period immediately following exposure?

The skin is not defenceless. It contains a variety of mechanisms which both prevent and repair damage, and for many years these prevent obvious changes to the skin. Unfortunately, these defence mechanisms themselves become damaged in the long-term by exposure to UV light. Eventually, they are no longer able to cope with both repairing old damage and, at the same time, preventing and repairing new damage. As a result, the damage rapidly accumulates and becomes visible. Once the repair processes become deficient, the more the continued exposure to UV light will cause visible skin damage. It is the watershed between the defence mechanisms being able to cope and not being able to cope that accounts for the visibility crisis.

Although some changes in the skin occurring with age are inevitable, those resulting from sun exposure are not. Total lack of exposure to the sun will minimise age-related skin changes. In real life it is virtually impossible to avoid sun exposure nor is avoidance desirable. Going out into the sun has an undoubted positive effect on feelings of well-being.

There are three steps to a lifetime programme of minimising solar ageing. The first is to reduce childhood exposure of the skin to the sun as far as is possible, particularly important as the skin's adult thickness and ability to tan is not reached until the teenage years. It has been estimated that childhood protection from the sun can reduce the lifetime incidence of skin cancer by 78 per cent.⁷

The second step is to avoid over-exposure to the sun by use of an appropriate sunscreen. The third is to prevent further damage once the visibility crisis has occurred. It was once thought that solar ageing is irreversible but it is now known that this is not so. If further UV damage is prevented, the repair mechanisms still remaining in the skin can start to repair the backlog of damage rather than becoming exhausted from coping with continually appearing new damage.

That the changes are, to some extent, reversible has been demonstrated both by the use of high SPF sunscreens and following medication with the vitamin A derivative, tretinoin.^{5,8} If improvements occur, they are likely to do so slowly over many months or even years. Greater public awareness of the role of the sun and, in particular, UV light in causing the appearance of ageing, may lead to the wider use of sunscreens on a regular basis and to the protection of children from the effects of the sun.

- 1 Davis B R, et al, *Exper Gerontol*, 1989, 24, 201-10.
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- 3 Richey M L, et al, *Genetics*, 1988, 43, 49-64.
- 4 Larrabee W F, et al, *Postgrad Med*, 1984, 76, 37-9.
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- 8 Lancet, 1988, 1, 977-8.

Prosecutions for IQ vitamins

Shropshire's trading standards department is prosecuting Rawpower (formerly Booker Nutritional products) and Larkhall Laboratories over their "IQ supplements", according to a report in the *British Medical Journal*.

Shropshire already has one successful prosecution under its belt; Seven Seas were fined and ordered to pay costs last year for claiming their Boost IQ supplement contained "22 nutrients for healthy bright kids".

The case against Rawpower is to go before magistrates in Shrewsbury on March 19. The company is pleading guilty to breaches of the Trades Description Act over its marketing of Healthcrafts Vitachieve, which was launched last March. It was sold on the back of a US study which found that it increased the average scores of children in the trial; BNP made reference to this in its marketing of Vitachieve.

A spokeswoman for the company told C&D it accepts the criticism about the marketing of Vitachieve. It withdrew the product in December, but stresses that it is safe and of very high quality. It accepts that the launch may have been premature, and is concerned

that the scientific debate should be concluded; however this should not be done in open court, it says.

Larkhall Laboratories are contesting a similar prosecution over Tandem IQ. No date has yet been fixed for the case.

Managing director Robert Woodward says Larkhall are pleading not guilty, and are "determined to continue to fight to the end". He says they are not claiming that all children benefit from the product, which has been renamed Tandem Ideal Quota.

Endorsements

Due to the current shortage of amoxycillin and penicillin V suspension, endorsements of the equivalent proprietary brands will be accepted until at least the end of February, the Pharmaceutical Services Negotiating Committee has announced. The situation will be reviewed with the Department of Health at the end of the month.

Organ donor change

The Organ Donor telephone freeline, which allows members of the public to order organ donor cards, has changed its number to 0800 555777.

Drug abusers supplement effect with over the counter medicines

Two thirds of drug abusers have also abused over-the-counter medication at some point in their drug-using career, according to a letter published in the *British Journal of Addiction* (1992, 87, p125).

Products involved include codeine linctus, Do-Do tablets, Actifed, Gees linctus, Pro Plus tablets and Benylin decongestant.

Information on abuse was obtained from 53 intravenous drug users — 22 who used amphetamines and 31 who used

opiates as their primary drug. The survey found that 66 per cent had abused OTC medication at some time, 53 per cent had abused products containing a stimulant and 38 per cent, one containing an opiate.

Reasons for use included a substitute when illegal substances were not available, and an aid to avoid withdrawal symptoms. The length of time of abuse and the amounts consumed varied. One person consumed 24 Pro-Plus tablets a day over several years while another took a combination of Contac 400, Simutab and Do-Do tablets daily for three years.

Many of the users had little difficulty obtaining large quantities of these products although it is notable, and encouraging, that some had recent difficulty obtaining codeine linctus, says author D.J. Armstrong.

"The poly-pharmacy inherent in many of these preparations, their potentially serious side-effects, abuse potential and ease of purchase argue for stricter controls on their availability. At least there needs to be greater awareness among pharmacists and doctors of the abuse potential of these preparations."

NI statistics

In Northern Ireland during October 1991, 1,462,912 prescriptions were dispensed on 894,904 forms. The gross cost was £11,493,031.67 (net cost £11,061,469.67). The gross cost per prescription was £7.86.

Animal tests Bill

The Bill prohibiting the use of animals in the development and testing of cosmetics has been published. The Animal Experimentation (Cosmetics) Bill means a project licence will not be granted for a programme involving the use of animals.

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Professional indemnity insurance was raised at the Guild of Hospital Pharmacists group delegates meeting last weekend in Sheffield. But the most contentious motion, calling for a boycott of Boots in the light of "recent predatory moves", was not put to the vote

Insurance concerns for hospital pharmacists

Guild delegates galloped through the business at last Saturday's delegates meeting, passing all but two of the 18 motions before them.

Concerns over the scope and availability of professional indemnity insurance were highlighted in motions from Liverpool and Yorkshire, and from the West Midlands.

Ian Goss (Yorks) noted that the Guild has in the past advised that the MSF union's legal resources are available to members. The position over litigation is clear, he said, but there has been confusion over whether members are entitled to representation for other legal processes such as coroner's cases.

The Royal Pharmaceutical Society's new Code of Ethics will require indemnity insurance, but there were question marks over the Society's insurance scheme, and Mr Goss said he would prefer an MSF package.

The motion, calling upon Guild Council to clarify urgently

the position of members with respect to the need for professional indemnity insurance, including access to early legal representation and advice, was passed.

Peter Matthews (West Midlands) called on pharmaceutical staff side Whitley Council to investigate the merits of a system of employer-funded professional indemnity insurance and, if found to be advantageous to the membership, to negotiate for its incorporation into the conditions of service for all hospital pharmacists.

Cocooned?

For years people have been cocooned in the safety of Crown immunity, said Mr Matthews, but this was no longer the case. Most commercial companies would insure against adverse events to protect themselves and their employees, he said. The Guild should negotiate a proper, recognised scheme.

Dr David Bird, the section general secretary, gave an update on MSF thinking from the top table. In the past the advice has been that there was no need to take out individual insurance: employers' vicarious liability meant they took responsibility for the actions of their staff. However, there is now a realisation that vicarious liability does not give the extent of cover once assumed, and advice errs on the side of caution. Dr Bird suggested hospital pharmacists should seriously consider, for an interim period until the matter becomes clarified, looking at the Pharmaceutical Society's scheme.

Andrew Willet (Yorks) proposed the day's most controversial motion, that in the light of recent predatory moves by Boots plc, this meeting calls upon hospital pharmacists to boycott Boots branches and

products. He alleged Boots were aiming to capitalise on basic pharmaceutical services for purely commercial reasons with scant regard for the integrated system of hospital pharmacy services.

However, both Margaret Pryce (Surrey) and Peter Matthews argued that the motion would bring personal and professional views into conflict. "If we vote for this motion it becomes a management issue," warned Mr Matthews. That Boots had apparently gone behind pharmacists' backs directly to senior management was deprecated by some speakers.

Donald Page (Liverpool) said it was not in the Guild's interest to vote for or against the motion. His proposal that the motion should not be put was accepted.

Delegates did, however, adopt a motion from North

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The top table at the Guild delegates meeting (left to right): Bob Timpson, chairman, staff side Whitley Council; Dr David Bird, section general secretary; Guild president John Gilby; vice-president Ron Pate; Peter Cooke, chairman of the organising committee; and Jeff Ashford, chairman of the practice committee



Alison Dale from Derbyshire Royal Infirmary receives the Hooper Baxter Award for her presentation at the Guild Day Conference entitled "A drug use review of Varidase". She found that a quarter of patients are treated for longer than the recommended period, that there was widespread misunderstanding over reconstitution together with considerable wastage, as often only half a vial was used. A better system for assessing patients before treatment started was also recommended, since Varidase was found to be appropriate in 10 of the 31 cases assessed

Wales and Manchester, that the contracting out of pharmaceutical services will not be in the best interest of patient care and such initiatives should be opposed with all vigour. Proposer Lis Dubourg (North Wales) argued that commercial organisations should not be allowed to hive off the more profitable parts of the service. But Margaret Pryce said it was not possible to judge whether contracting out was detrimental to patient care unless one knew what was involved. The motion took a narrow view, she said.

Mifepristone views

Helen Thorp (Yorks) proposed Guild Council should establish the views of the membership on the rights of individual pharmacists to refuse to dispense abortifacient drugs such as mifepristone. This was an area that will become increasingly important for hospital pharmacists, she said. Under the Abortion Act 1987, other healthcare professions are given the right to "opt out". But it is unprofessional for a pharmacist to refuse to supply something on a doctor's order.

Delegates strongly supported a motion from the West Midlands calling for Guild Council to demand that the Department of Health and ABPI ensures that current procedures for informing health care professionals of drug withdrawals are implemented promptly and efficiently. Nigel Barnes, proposing, said such information generally surfaced first in the lay media leading to embarrassing situations and prejudicing the patient's respect for the health professional.

- Guild Council was asked to assess and report on the results of the locally negotiated unsocial hours agreements, and to produce a future strategy.
- Council was mandated to actively monitor and update members on impending European legislation which would make the title "hospital pharmacist" restricted.
- Council was also asked to produce guidelines to assist pharmacy managers to prepare internal service contracts.



Michael Mawhinney, who is currently finishing his PhD at Belfast City Hospital before taking up the post of pharmacy inspector in Northern Ireland, receives the Glaxo Award from Glaxo hospital division manager Anthony Faupel

Biofilm a possible cause of chronic peritonitis

Microbial biofilm, a thick slimy bacterial "unge" which coats catheters and other prosthetic devices, may be implicated as a source of infection in patients suffering from chronic peritonitis, according to Michael Mawhinney of Belfast City Hospital.

Continuous ambulatory peritoneal dialysis is the treatment of choice for patients with chronic renal failure, said Michael Mawhinney, giving the Glaxo Award presentation at the Guild of Hospital Pharmacists conference last Friday.

Peritonitis is the most common complication, producing a cloudy bag, abdominal pain and a lowered white blood cell count. Most patients can expect at least one incident a year. Bacterial or fungal infections are most common, usually from an external rather than an internal source.

In treating peritonitis it was

important to finish the job, otherwise there was the prospect of long term complications, said Mr Mawhinney. He went on to suggest that microbial biofilm on the intraluminal part of the catheter might act as a reservoir of infection in patients who suffered repeated bouts of peritonitis.

The biofilm is a "thick slimy "unge" exuded from *Staphylococcus epidermidis* bacterial which typically coats the pores in the end of the catheter. Initial adherence is followed by the establishment of bacterial colonies and the secretion of exopolysaccharide, which leads to biofilm build.

The roughness of the catheter surface — or its micro-roughness — is responsible for encouraging the build up of the film, said Mr Mawhinney. While the catheter surface is relatively smooth after manufacture, it gradually degrades the longer it is in situ.

The biofilm appears to coat bacteria, and consequently may act as a reservoir of infection. It also proves resistant to antibiotics, providing a physical barrier, and larger molecules may be complexed into the film.

What can be done to prevent build up of biofilm?

- Reduce the likelihood of contamination through the use of filters and double bags to prevent the build up of biofilm in the first place
- Reduce the micro roughness of catheters
- Develop less attractive substrates
- Introduce antibiotics bonded to the catheter, although it is difficult to maintain concentrations over long periods

An antibiotic combination of rifampicin/vancomycin appears to be effective in breaking up biofilm. But he believed many problems arose because catheters are not changed often enough.



(A) Microbial biofilm build up in the pore of a catheter, and (B) a close up view. The globular surface indicates where bacteria or other bodies have been submerged in the film



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LETTERS

JRC software in 'foreign' hardware?

I must correct Mr Birchill in his assertion that we deliberately impose embargoes on other equipment in order to restrict, or extract extra revenue from, pharmacists (Letters, last week).

JRC software is written in machine code which, in the past, enabled us to reach superior operating speeds on earlier IBM compatible 8088/8086 machines. Now that the more powerful 386 machines are realistically priced, it just means that JRC software runs a great deal faster.

Working in memory is always faster than accessing from disk and Mr Birchill probably recalls the performance we achieved from the tiny 32k of memory available in the BBC Micro.

The problem is that modern clone computers are not the same, due to their using internal memory differently. In essence, the system crashes when our software tries to use memory that we know is always free on our machines, but may not be in others. It is impossible for us to tailor software to individual computers.

The best I can offer Mr Birchill is to buy his Dell computer and try it, but although he compares prices with JRC, perhaps they won't allow him a two-month trial. I have expounded many times on the dangers of buying hardware and software separately. Essentially, can he guarantee an 8 hour engineer call-out and what happens if the engineer claims the JRC software and not Dell hardware is at fault?

So, in view of the risks involved, it would seem short sighted to quibble about the £950 price tag of a 386/25SX JRC machine which, in fact, appears to be £200 cheaper than the equivalent Dell machine quoted. If he insists on giving it a try, we can reduce Coversure charges appropriately, depending, of course, on who is going to maintain his printer and modem, etc.

John Richardson

Chairman and chief executive,
JRC Ltd

Transmitting the Glaxo discount message!

So it's all change on the discount front with the new terms from Glaxo. I wonder how many realised that the major wholesalers would be withdrawing the transmission discount appertaining to the Glaxo

products. The net result of this is we are financially worse off. How many thought that would be the case when all this started?

However, could I suggest one possible course of action to bring the wholesalers to their senses. What would happen if everyone insisted on giving the Glaxo orders manually? I would suggest a little extra effort for all of us, but rather more for the wholesalers, who might then see sense. After all, how many extra staff would be needed to take everyone's Glaxo order manually compared with the transmission devices?

G.E.J. Snell
Plymouth

'Zero discount' claim on Glaxo?

Having looked at these and at the effect which our wholesalers scheme will be having on them, it appears that our pharmacy will meet the threshold one month in two by slightly stockpiling alternate months. It also appears to me that on the alternate months in which I shall, therefore, receive no discount, I could claim the "zero discount" endorsement. What do other pharmacists think?

D.K. Rayner
Bradford

Call for donations to "Queen Mum's Hyde Park gates

Through your good offices might I make an appeal to homoeopathic pharmacists, especially those who are members of the British Homoeopathic Association.

Her Majesty Queen Elizabeth, The Queen Mother, apart from her lifelong service to the nation, has also been supportive of homoeopathy. Prince Michael of Kent has inaugurated a national appeal to commemorate the service of the popular "Queen Mum" by having a special set of gates to be called after Her Majesty, at the hub of London's Hyde Park Corner. I am co-ordinating the appeal on behalf of homoeopathy through my office as BHA chairman.

Could I ask my pharmacist colleagues to help in this appeal by forwarding donations (be as generous as you can but no matter how small) to the General Secretary, BHA, 27A Devonshire Street, London W1N 1RJ, marking it "Chairman's Appeal."

May I express my thanks in advance.

Mervyn Madge
Chairman, BHA

Business news

Medicopharma slowly pay their debts

Medicopharma have paid some £24m of their outstanding debts following the closure of their UK operation and around half of the 900 redundant employees have received their redundancy.

However there remains some £5m to £6m outstanding on the sales ledger which Ronald Bull, formerly with the Weedon depot, is staying on to collect on behalf of Medicopharma.

"We are just waiting for the Dutch to approve the final round of payments," said Mr Bull, referring to Medicopharma's creditors rather than the former employees. "We have around £2.5m left to pay out".

This will come as good news to Gerald Grossman of Sestri Sales Ltd, who alleges they are still waiting for payment of £1,200.

"I threatened that unless I had a cheque by return I would go to the

county court immediately", said Mr Grossman. "They told me I should be paid within 21 days".

Mr Bull said he believes the former employees still waiting for redundancy payments were mainly from the Weedon, Harold Hill and Cambridge depots. And he indirectly indicated a time scale for the payments: "I haven't had my redundancy cheque yet but I don't expect to be here after February".

Exports at a record high

UK pharmaceutical exports rose to a record £2.546 billion in 1991 — an increase of 12.8 per cent on the previous year — according to figures released by the Association of the British Pharmaceutical Industry.

Although imports totalled £1.372bn for the year, the trade "surplus" was a record £1.174bn. The pharmaceutical trade surplus has consistently increased over the past 40 years.

"This sustained record of export achievement is a testimony to the international competitiveness of the British research-based industry," said ABPI director John Griffin.

PPRS to be reviewed?

The Government is considering the possibility of raising current turnover threshold levels, which determine whether companies participating in the pharmaceutical price regulation scheme are required to submit accounts to the Department of Health.

The PPRS is a voluntary agreement between the Government and the Association of British Pharmaceutical Industry. It applies to all companies supplying branded medicines to the NHS which are prescribed by medical or dental practitioners.

Currently, those companies with annual sales to the NHS of below £500,000 are not required to submit accounts to the DoH.

PC-VADIS drug information database

A PC version of the VADIS drug information database, developed by pharmacists at Edinburgh Royal Infirmary, is now available from Applied Telematics Ltd. The system has been designed to meet the needs of pharmacists, hospital staff and general practitioners.

It can be run on IBM PC clones (286 and above) with DOS 3.0 or higher, or C-DOS (although only some recent C-DOS versions on 386 machines have been tested). A twenty Mb or larger hard disc is required (18Mb to initially load and decompress the database files) although the installed system requires only 14Mb to run.

The software and database can be bought for £540 (trade). A

Tesco open four pharmacies

Tesco have opened three more in-store pharmacies in New Oscott, Huddersfield and Hatfield, bringing the number of pharmacies owned and operated by the company to 17.

The company also has a pharmacy concession opening in its Worcester store on Monday, making a total of 20 concessions operated in Tesco's.

Tesco expect that during the next five years the number of concessions will continue to exceed the number of owned pharmacies.

Success rumoured for Lloyds

Lloyds Chemists are expected to gain approval to bid for Macarthy, according to a story which has appeared in both *The Sunday Times* and *The Independent* on Sunday.

The bids of both Unichem and Lloyds were referred to the Monopolies and Mergers Commission at the end of last year and a report has been submitted to the Trade and Industry Secretary. Peter Lilley has still to announce his decision.

The *Independent*'s report suggests that there may be restrictions on the profit margins Lloyds can make on prescription drugs as they self-distribute the faster moving pharmaceuticals themselves.

The DTI, Unichem and Allen Lloyd all declined to comment.

Green goes; Moss grows

Unichem's retail development manager Gerry Green has taken early retirement. The decision follows reorganisation on Unichem's retail side in the wake of the company's purchase of Moss Chemists.

E. Moss Ltd now controls both

Numark inserts

Numark have added three more sections to their A-Z merchandising guide. The new sections cover market developments in baby care, baby food, men's toiletries and drink.

Seton say au revoir

Seton Healthcare have closed their French distribution subsidiary following a decision to make fresh distribution arrangements in France.

Retail sales

The index for December's retail sales is 119.3. This is over one point down on the November figure. The total amount of credit outstanding on agreements fell by £240m in the fourth quarter of 1991.

Quest to move

Quest Vitamins Ltd plan to move to a 2,500sq m property at Aston Science Park. The first phase, planned for June, is to be a quality control laboratory.

BAPW bites back

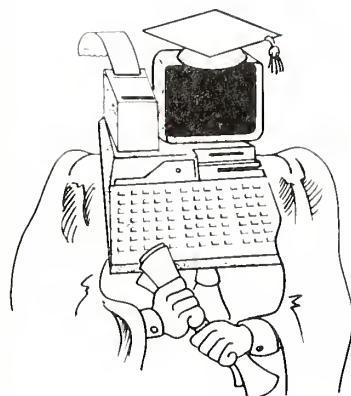
The British Association of Pharmaceutical Wholesalers have circulated a letter to MPs, MEPs, the Department of Health, the Medicines Control Agency and the UK delegation to the EC pharmacy group expressing concern about Article 5 of the EC Wholesaling Directive.

Article 5 defines who should be allowed to be in charge of a wholesaling site. It had been amended to specify a pharmacist

but this has been re-amended to a "responsible person".

The BAPW's director Michael Watts says in a statement: "The UK delegation to the EC pharmacy group is urging MEPs to reinstate the requirement that a pharmacist shall be the "responsible person" in a company engaged in the wholesaling of medical products.

The BAPW says responsible licensing authorities in each State are the best standards' arbiters.



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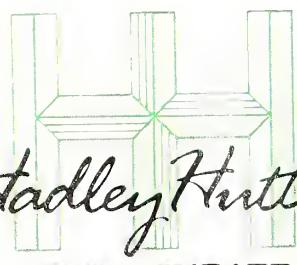
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COMING EVENTS

CPP Spring assessments

The College of Pharmacy Practice has announced the dates for its spring assessments which will be held at Warwick University:— Assessment A — supply and dispensing of medicines — April 2, am. Assessment B — specialist knowledge — April 2, pm. Assessment C — practice related problems — April 3, am.

The options available for assessment B are: community pharmacy practice, drug information, health education and promotion, manufacturing and quality assurance, patient services, response to symptoms, and therapeutics.

Closing date for registration for assessments is February 20. Additional venues will also be provided in Scotland and possibly in London, depending upon the geographical spread of registered candidates. Registration forms are available from Kate Walker at the College. Tel: 0203 692400.

AIDS conference

A one day conference/seminar on AIDS, is to be held at the headquarters of the RPSGB on Sunday, March 15. A variety of topics will be covered in lectures and associated workshops. Further details are available from course organiser Dr R.W. Daisley, on 0273 642080/1.

NI courses

The Northern Ireland Committee for Postgraduate Education and Training is holding the following courses:

"Gastrointestinal disease in community practice", March 19, 10am-5pm at Drumkeen Hotel, Upper Galwally, Belfast.

"Patients at risk", March 25 2-5pm at Malone House, Barnett's Park, Upper Malone, Belfast.

"Pharmacists returning to practice", April 2 and 3, 10am-5pm, at the Forte Crest Hotel, Dunmurry.

"Patients at risk: asthmatics". April 9 and 16, 7.30 for 8.00pm, at the Killyhevlin Hotel, Enniskillen.

"Pharmacists training care staff", April 15, 9.30am-5.00pm, at the Forte Crest Hotel, Dunmurry.

Monday, February 17

Eastbourne & District Branch, RPSGB. Postgraduate Medical Centre, Eastbourne District General Hospital, 8pm. "Modern developments in antenatal care" by a local midwife.

Tuesday, February 18

Aberdeen & N.E. Scotland Branch, RPSGB. New Marcliffe Hotel, 8pm. "Cancer — new concepts" by Dr A.

IN THE CITY

The stockmarket has been trading within a narrow range, thanks to the current political uncertainties. And despite growing expectations of an interest rate cut in the next few days, investors have been deterred by continued weak consumer demand. Nevertheless, trading in pharmaceutical stocks has been brisk though the sector has come off its best levels.

Later this month Glaxo kicks off the sector's reporting season with most City analysts expecting taxable profits of around £700m for the half year to December 31. Then Morgan Stanley is due to host a big institutional presentation on Glaxo.

However, analysts have been downgrading Glaxo's full year because of currency factors. Goldman Sachs and UBS Phillips & Drew, two leading securities firms, took the knife to their forecasts earlier this week and most analysts are now predicting profits of about £1.42bn for the current year, about £60m lower than previous estimates.

Smithkline Beecham are due to report full year results on February 25 with the market expecting the group to breach the £1 billion profits barrier, up from £860m in 1990.

Early next month Fisons, who have been racked with problems recently, are due to unveil their results. The company made a profits warning in December and it is likely to report taxable profits of about £180m. Analysts will also be paying close attention to Astra's full year results which come out on the same day as Glaxo's.

Astra, a Swedish company, manufacturers Losec and is an arch rival of Fisons. Sales of Losec are thought to have hit the £500m mark last year and could further unsettle Fison's shares.

They have already suffered badly and were recently hit by rumours that its anti-asthma drugs could be hit by new competition. There was also talk that Harris Pharmaceuticals, a US company, was planning to attack the UK market with its rival products but the story has since died.

Shares in Medeva, meanwhile, have seen a strong run on the back of annual healthcare conference held in the US by Merrill Lynch. The conference is a major event in the pharmaceutical industry and has sparked speculation that Medeva is lining up a major acquisition.

Meanwhile, there is a growing belief that the Monopolies and Mergers Commission report into two rival bids for Macarthy by Lloyd's Chemist and Unichem is imminent. The reports were completed some weeks ago and have been with the Department of Trade and Industry for the past few weeks.

Dawson.

Bath & District Branch, RPSGB. Pratts Hotel, Bath, for 8pm. "What is happening to the NHS" by Mr A.W. Brown.

Joint Aylesbury and Bucks Branches NPA/RPSGB. Watermead Hotel, Aylesbury, 7.30 for 8pm. "Pharmacy in 1992" by Colette McCready of the NPA.

Leicestershire Branch, RPSGB. Postgraduate Medical Centre, Leicester Royal Infirmary, 7.30 for 8pm. "Cholesterol screening" — a video presentation and discussion of the pharmacist's role.

Wednesday, February 19

North West Branch, RPSGB. School of Pharmacy, Brunswick Square WC11, 7.30 for 8pm. "Pain control and the role of the chemotherapy nurse". Speakers: Roman Landowski and Sarah Watson.

Thursday, February 20

Bedfordshire RPSGB. Coach and Horses, Barton-le-Clay, 8pm. "Financial aspects of the Drug Tariff" by Gordon Geddes, assistant secretary, PSNC.

Weald of Kent Branch, RPSGB. Postgraduate Centre, Kent & Sussex Hospital, Tunbridge Wells, 7.45 for 8pm. "Infant and childhood diseases" by Dr Andrew Evans.

Friday, February 21

Stirling & Central Scottish Branch, RPSGB. Annual dinner, Leapark Hotel, Grangemouth.

Advance information

Weekend course in homoeopathy for pharmacists, at the Hale Clinic, London on **March 14-15**. Details from the British Homoeopathic Association on 071 935 2163.

The annual tennis tournament for pharmacists will be held on **July 12** this year at Clearview Tennis Centre, Brentwood. Cost £16.50, further details from M.A. Waldman on 0277-211599.

Smoking cessation workshops are to be held in Croydon (**March 3**) and Edinburgh (**March 9**) to educate pharmacists on smoking cessation. The three-hour workshops, run in conjunction with the NPA, are offered free of charge and include a buffet supper. To enrol contact Janis Hermann on 071 602 7131.

APPOINTMENTS

Anthony Peel has been appointed managing director of Retail Data Systems Ltd.

The charity Arthritis Care has appointed **Richard Gutch** as its new chief executive. Mr Gutch, was previously assistant director at the National Council for Voluntary Organisations.

David Baldry has been appointed sales director of Fine Fragrances & Cosmetics Ltd. Mr Baldry will be responsible for UK sales of all brands.

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Michael Shaw loves beautiful objects, especially pottery — the evidence surrounds his elegant Victorian house in Kentish Town.

Mr Shaw has a passion for Tuscany — coincidentally, his house belonged to a generation of Italians. He talks of Italy in tones reminiscent of a Forster novel, though he admits times are changing even in the sleepiest villages. So when he stumbled across a collection of replica apothecary jars in Deruta, Tuscany, something clicked. Here was the fusion of three aspects of his personality — the pharmacist he was trained to be, his love of pottery, and for Italy. He knew he could make something of it.

Turning point

That visit to Deruta marked the second turning point in his life. He is currently experiencing a third — due to the recession he is having to close his lighting import business, E.H. Lewy, which he bought some 20 years ago. His first turning point, was when he walked away from 18 years of pharmacy practice.

When asked what led him to choose a career in pharmacy initially he looks puzzled for a moment, then makes a joke of it: "I wasn't clever enough to become a doctor I suppose! The school careers master convinced me that pharmacy was about the best I could aspire to. No, seriously, I liked chemistry, as many kids do. I had the right qualifications and it seemed like a good opportunity at that time."

He was apprenticed at Boots in Chelsea in 1946, then went to the Chelsea School of Pharmacy for two years. He qualified in 1950. His first job was at Boots in Piccadilly, in the old Criterion building. "I remember we had all the registered drug users in London coming in — there were only about 12 then! Most of them were well known people. They took mostly tincture of opium and cannabis. Very few injected heroin," he remembers.

He bought his first pharmacy in Knightsbridge in 1954. "I loved it there. We had an interesting clientele from all over the world to keep us entertained — famous musicians, chefs and hoteliers. It was never boring". From there he bought a pharmacy in Dulwich, and then one in Holland Park. He speaks of those days with fondness: "There was room to be innovative with your stock buying then. It wasn't regimented."

So why the change? Mr Shaw laughs: "It was a sort of mid-life



Michael Shaw is a man who embraces change, seeing it as a chance to start afresh. This attitude to life has led him from a busy London pharmacy to the quiet Tuscan hills

break, if you like, or perhaps it was self-indulgent madness to abandon a first class business. I could have been a millionaire by now if I'd kept it on! I was offered a good price for my business and it seemed like a good opportunity to take a fresh look at my life and career."

Import opportunity

As luck would have it, he sold his business just before the stock market crash of the early '70s, so ended up losing money on his shares. However, he spotted a lighting import business for a good price, E.H. Lewy, and bought it. "To go into a business where you didn't

wait for the customers to come in through the door — you actually had to go out and find them — appealed to me as an exciting alternative after 18 years."

The business involved frequent travel to Italy to source stock, which he loved — getting to know the Italians was an education in itself, he says. "They can be very frustrating to work with — you think you've got them sussed, but you never have." He describes a particularly infuriating experience. After waiting months for the delivery of some lamp bases his customer's patience was wearing thin. Mr Shaw made constant calls to the owner of the pottery in Italy.

He finally received a fax saying the stock was ready, so he immediately sent a van over to collect the stock. When the driver arrived the lamps were nowhere to be seen. Apparently when the director had said "ready" he meant the lamps were ready to go in the kiln for firing. They would not be finished for another week! All part of the job, says Mr Shaw.

While on a visit to some potteries in Deruta, northern Italy, Mr Shaw spotted the replica drug jars. "It was an obvious opportunity to work with pharmacists, employing my knowledge and training with my historical interests."

All the jars are hand-sculpted in local clays, then fired and decorated using traditional methods, with glazes and colours that are four centuries old. The designs that Mr Shaw commissions are taken from authoritative picture of original 15th and 16th century jars found in museums throughout the world.

He took the idea to the National Pharmaceutical Association which was particularly taken with them and helped him secure a sponsored collection in 1985. The jars were a success and Mr Shaw introduced another collection in 1989.

Noble connections

Among Mr Shaw's customers are Lord and Lady Northampton. They have converted part of their mansion in Cannonbury into a conference centre and bought a collection of jars to decorate the antique furniture.

Although the lighting business has been closed Mr Shaw will still operate a contract shade and fitting operation, but will no longer supply retailers with lamps.

So once again, change is in the air for Michael Shaw. He is considering the options. He has ruled out a return to pharmacy. "I recently spent a day at a friend's pharmacy and I was intrigued and impressed by the computerisation of dispensing. But I think the daily rigours and tensions of dealing with a multitude of customers would be unacceptable now that I've had a taste of the open road."

What he'd like to do is take time off to study a different subject. "I'd really like to devote time to art — painting, sculpture and woodwork. If I have the time and financial resources!" Whatever he decides, there will certainly be no shortage of energy and enthusiasm.



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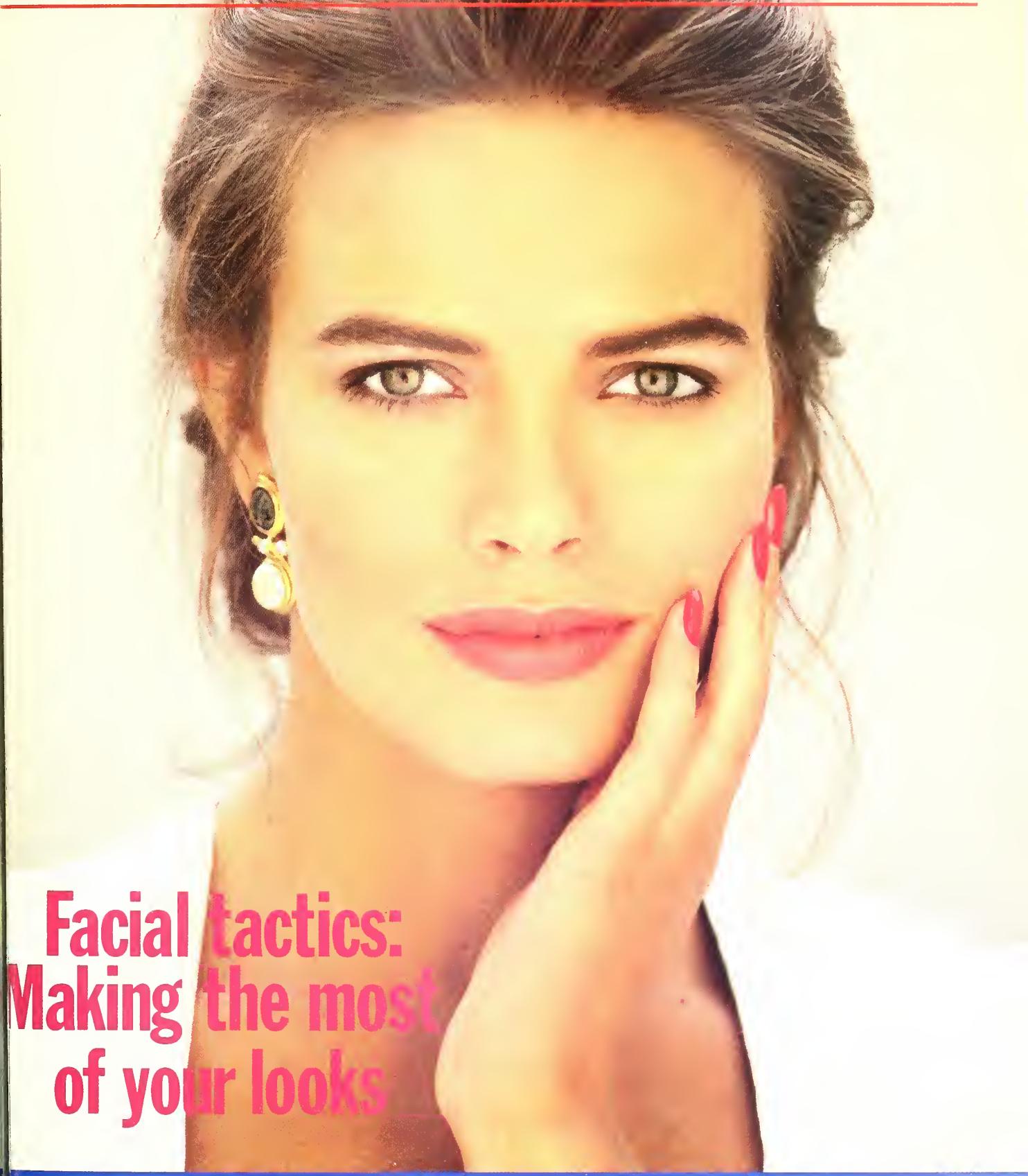
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FEBRUARY/MARCH 1992



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Editor:

John Skelton, MRPharmS

Supplement Co-ordinator:

Jane Feely, PhD, MRPharmS

Contributors to this issue:

Sarah Purcell, BA

Jacqui Bromell, MRPharmS

Art Editor:

Tony Lamb

Advertisement Manager:

Frances Shortland

Publisher:

Ron Salmon FRPharmS

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Cover: Making the most of your looks with Rimmel make-up

OVER THE counter

A CHEMIST & DRUGGIST PUBLICATION FOR PHARMACY ASSISTANTS

VOLUME 4 NUMBER 35 FEBRUARY/MARCH 1992

5**FEEDING FOR BABIES AND INFANTS**

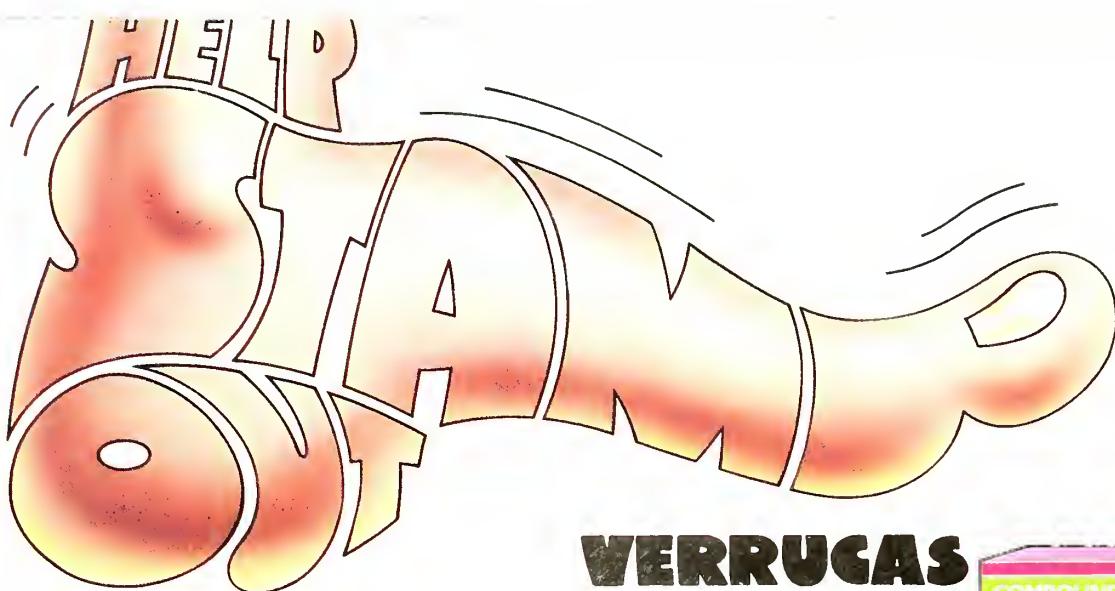
Breast feeding, baby milks, weaning and sterilisation — all areas which could prompt mums to ask for advice. June Thompson discusses looking after little ones

12**COLOUR WITH CONFIDENCE**Experimenting with a new hair style or colour is one way to brighten up these Winter months. *Over the Counter* points out some of the possible pitfalls**14****SMOKING — THE TRUTH**

With this year's No Smoking Day falling on March 11, community pharmacist Jeremy Clitheroe spells out the hard facts about smoking and health

20**FACIAL TACTICS**How to choose foundation, apply blusher, make up eyes and lips — *Over the Counter* tackles some of the questions your customers may ask**23****SLEEPLESSNESS**

It's time to meet the Maladies again. This month, Maggie is having problems getting to sleep and she wants to know if there's anything she can buy. What do you advise?

27**WHEN PAIN HITS BACK**Did you know that every pharmacy has around 850 back pain sufferers? *Over the Counter* finds out more about this condition and how osteopaths can help**VERrucas**

Help Mums get their kids back on their feet with new Compound V*, the complete verruca treatment kit.

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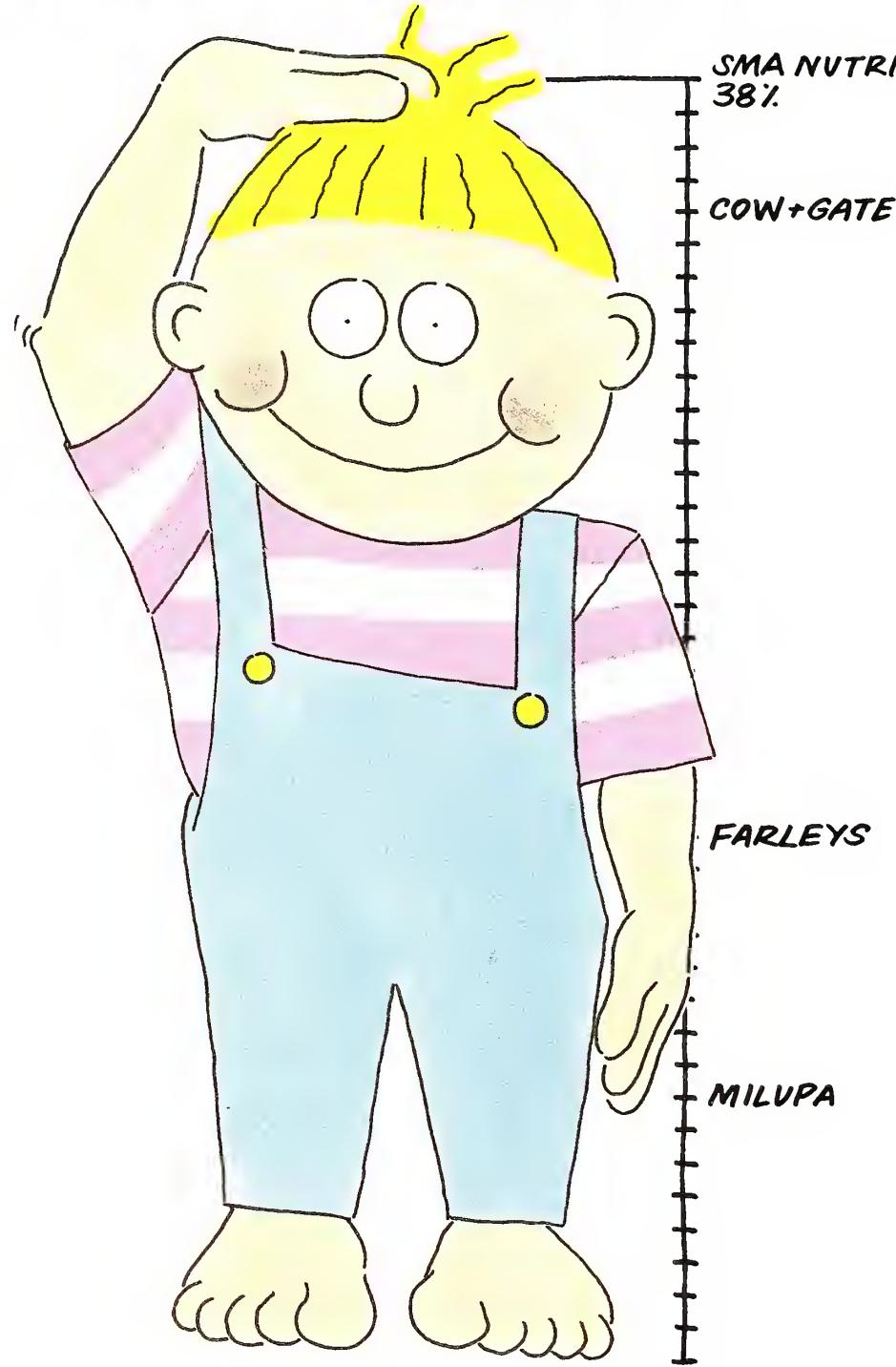
And because it's from the makers of Compound W*, the best selling wart remover, you'd better take steps for those extra feet that will be coming through your door.



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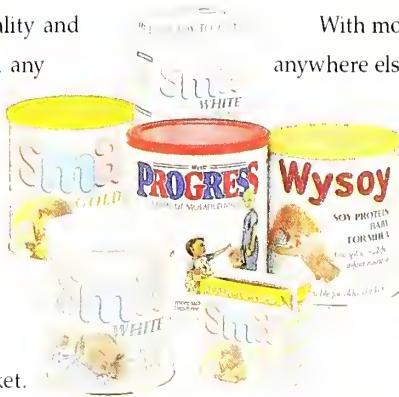


Who's the biggest baby milk in the pharmacy sector? SMA Nutrition of course, with 38%¹ of all sales!

It's not surprising when you think of the quality and reputation of our range. And a wider choice than any other manufacturer.

There's SMA GOLD* and SMA WHITE* trusted through generations, and still as popular as ever. And for convenience there's SMA Ready-to-Feed in go-anywhere, feed-anywhere cartons.

Specially designed for older babies there's PROGRESS*, our follow-up milk. PROGRESS dominates this new and growing sector of the market.



And WYSOY*, our milk free formula accounts for two out of every three soy formula prescriptions.

With more mothers buying baby milk in pharmacies than anywhere else, the message for your business is clear.

SMA Nutrition equals healthy growth.

IMPORTANT NOTICE
Breastmilk is best for babies. Infant formula is intended to replace breastmilk when mothers do not breastfeed. Good maternal nutrition is important for preparation and maintenance of breast feeding. Introducing partial bottle feeding could negatively affect breast feeding and reversing a decision not to breastfeed is difficult. Professional advice should be followed on infant feeding. Infant formula should be prepared and used as directed. Unnecessary or improper use of infant formula may present a health hazard. Social and financial implications should be considered when selecting a method of infant feeding.

Progress is a balanced blend of milk solids, vitamins and minerals for babies 6 months and older. Used in conjunction with solid feeding, it provides the nourishment essential to a baby's healthy and sustained growth. Progress is not intended to replace breast feeding.

Breastmilk is best for babies. Wysoy milk free formula is intended to meet the nutritional needs of infants and children who are allergic to cow's milk protein or intolerant to lactose or sucrose. Professional advice should be followed. Soy baby milks are not recommended for premature babies or those with kidney problems. Medical guidance should be sought.

Feeding for babies and infants



Courtesy of SMA Nutrition

During the first few months of life, one of a baby's most basic needs is for milk, whether this is breast milk or infant formula. There is no doubt that breast milk is best. This is the most complete food that exists and contains everything that a baby needs for nourishment and growth for the first six months.

Breast milk can also help protect against infections such as ear infections, respiratory infections and gastro-enteritis; breast fed babies are also less likely to suffer from allergies, colic and nappy rash. And a recent survey which received much Press coverage even suggested that breast fed babies

are more intelligent!

If any of your mothers are breast feeding their babies, encourage them to continue to do so for as long as possible. If a mother complains of leaking milk, breast pads or one way nappy liners can be suggested to absorb the drips.

Sore or cracked nipples can be helped by the use of a proprietary nipple cream such as those containing chamomile or calendula. However, the main cause of cracked or sore nipples is incorrect positioning of the baby at the breast, so always suggest that the mother checks this with the midwife or health visitor. A baby who is properly

positioned at the breast should have a mouthful of breast including the nipple and much of the surrounding areola.

Sometimes a breast feeding mother wishes to express milk because her breasts are engorged, or to allow someone else to feed the baby from a bottle. Although milk can be expressed by hand, a mother may find a hand or electric pump quicker, easier and more effective, and could be advised about the use of these.

If a mother asks about baby milk because she wishes to change from breast feeding to bottle feeding she should always be advised to consult her midwife or health visitor first. If she tells you that the reason is because the baby always seems hungry, it is worth suggesting that she tries feeding the baby more often for a few days. The more a baby sucks, the more milk the breasts make, and babies have "growth spurts" when they need extra milk.

If a mother complains that her milk looks watery or thin, remind her that this is normal at the beginning of a feed and is the **foremilk** which helps to quench the baby's thirst. As feeding continues, the milk changes to the high calorie **hindmilk** which satisfies the baby's hunger, and it is therefore important that the baby is allowed to finish feeding from one breast before the other is offered.

Bottle feeding

When a mother chooses to bottle feed her baby, it is essential that a baby under the age of six months is given an infant formula milk, unless a doctor prescribes another milk for medical reasons. Cows milk, follow on or junior milk, goats milk, evaporated or condensed milk are not suitable for babies under six months old and could be harmful.

Infant formulae can be divided into **whey-dominated** or **casein-dominated** milk. Usually both types are made by the same company, and mothers may find the same brand of milk in two different packs confusing.

In theory, whey-dominated milks are preferable for younger babies as the protein is closer to that of breast milk. Casein-dominated milks are usually

advertised as more suitable, or satisfying, for the older, hungrier baby.

In practice, there is no scientific evidence that casein-dominant milk is more beneficial for older babies, so if a baby is happy on a whey-dominant milk there is no reason for this to be changed. If a mother wishes to change a baby milk for any reason, it is always advisable for her to consult her health visitor or doctor first. Sometimes feeding problems may occur which are blamed on the baby milk, but which may be due to a potentially serious medical problem.

If a mother complains that the baby suffers from wind, colic, vomiting or posseting (regurgitating) after feeding, she should always be referred to the pharmacist, health visitor or doctor.

Table 1. Some suitable infant formulas for babies under six months

Whey-dominant

Milupa Aptamil
Farley's Ostermilk
Wyeth SMA Gold
Cow and Gate Premium
Young Nutrition First

Casein-dominant

Milupa Milumil
Farley's Ostermilk Two
Wyeth SMA White
Cow and Gate Plus

Soya milks. A baby who is allergic to cows milk may need an infant formula soya milk, but these should only be given on the advice of a doctor or health visitor. Other soya milks are not suitable for feeding infants.

After the age of six months, a baby may have pasteurised silver top cows milk, a follow on or junior milk, infant formula, breast milk, or pasteurised goats milk.

The Department of Health advises that it is an advantage for babies to continue with breast milk or infant formula up to one year. Skimmed milk should not be given to children under the age of five. Semi-skimmed milk may be introduced from the age of two, provided the child's overall diet is adequate.

continued on p6

Sterilisation

Feeding equipment must be sterilised until the baby is about six months old to prevent gastro-enteritis. Steam sterilisation or chemical sterilisation are equally effective if the manufacturer's instructions are carried out properly, and the method used will depend on the mother's personal preference.

Time and cost may also be taken into account. For example, a steam steriliser may be more expensive, but this is a quicker method than chemical sterilisation, and sterilising tablets or solutions will not have to be bought.

Mothers who ask you about using a microwave for sterilisation should be advised that this method should only be used with a microwave steam

steriliser. This is because "cold spots" may otherwise occur, rendering parts of the bottle unsterile.

Weaning

The Department of Health advises that babies should be at least three months old before solids are introduced. Before this age, babies have not developed the ability to bite or chew and their digestive system is more vulnerable to food allergies.

By the age of six months, milk alone will not be sufficient for most babies and weaning should have started. If a mother wishes to start weaning her baby, she should always be advised to discuss this first with her health visitor or baby clinic.

Gluten free foods

Because some babies may be at

risk from developing coeliac disease, which is caused by an intolerance to gluten or wheat based foods, many doctors and health visitors advise that gluten containing foods should not be given to babies before the age of six months. Certainly, these foods should not be introduced before the age of four months. Gluten free baby foods will be clearly marked and, within the age range on the label, can be suggested as suitable first weaning foods.

Ideal first foods include baby rice, pureed fruit or vegetables. By the age of nine to 12 months, a baby should be enjoying a good range of both home made and commercial foods.

Vitamin drops are recommended for all children from six months to five years.

If in any doubt, always refer mums to their health visitor or to their doctor.



Breast or bottle?

To breastfeed or bottlefeed is the dilemma that faces all new mothers. Although they will undoubtedly be aware that "Breast is best", working mums, for example, may answer "Yes, but the bottle is more convenient".

Research by Crookes Healthcare into what influences mums to choose breast or bottle reveals some interesting facts.

Not surprisingly, the most important influence on new mums is how they feel about themselves and their bodies. However, the male partner's approval, or lack of it, is next in order of importance. This is particularly so when the man is the dominant partner in the relationship.

Most mothers know how they themselves were fed and will feed their own babies in the same way. However, the method used by friends is also important.

Women today fall into four groups depending on how they view the breast and the bottle, both emotionally and practically. These are:

- **The Nurturer** (25 per cent of mums). "I would never consider anything other than breastfeeding."

This woman typically breastfeeds for at least three months, introducing the bottle as a supplement later on. She is emotionally and rationally in favour of breast feeding. She also tends to be older, more upmarket and less concerned about what other people think or about getting her figure back after pregnancy.

- **The Practical Provider** (20 per cent). "I love the idea of

continued on p8

'My baby...'

Mothers anxious about how their babies are feeding, may often approach pharmacy staff. Heinz have provided answers to some of the most frequent questions asked by mothers:

Q. "My baby gags on solid food. What should I do?"

A. Some babies, when they are first introduced to solid foods, tend to gag or retch. In this case the food may be too thick or perhaps too much is being put on the spoon, or even that the spoon is being put too far back into the mouth. Later on, it can be simply because baby has had enough to eat and additional food should not be forced.

Q. My baby does not like solids"

A. This may be due to weaning too soon. Some babies don't need, or want, solids until they are eight months of age, although this is unusual. If problems are encountered, try delaying weaning and start again, slowly, a couple of weeks later. Continue to breast-feed or bottle-feed as this will give baby some reassurance. Only change to cow's milk when baby is established on a fairly varied diet, preferably after 12 months.

Q. "How do I know how much my baby should eat?"

A. Each baby is an individual and tends to be the best guide. When feeding, if baby turns his head away, he has probably had enough. Don't be tempted to force food onto him as some babies have naturally small appetites. Provided baby appears well, has plenty of energy, sleeps well and is growing at a satisfactory rate, he

will be getting all the food he needs.

Q. "My baby doesn't seem to want to eat much and is sometimes bad tempered at meal times."

A. Once babies start to become independent, meal-times can become a battleground. These tips may help:

- Always sit baby down to eat
- Don't let him wander around with food in his hand
- Make sure he is comfortable and his chair is the right height
- Try and eat with him
- Include his favourite foods regularly, but encourage savoury foods mainly
- Present the food as attractively as possible
- Give him small portions
- Let him feed himself and get messy if he wants to.

Q. "What should I do if my baby won't eat any vegetables?"

A. Try making a vegetable soup and then pureeing it. Use very finely chopped vegetables in

casseroles. Try giving raw vegetables as finger foods. If all else fails, boost fruit intake.

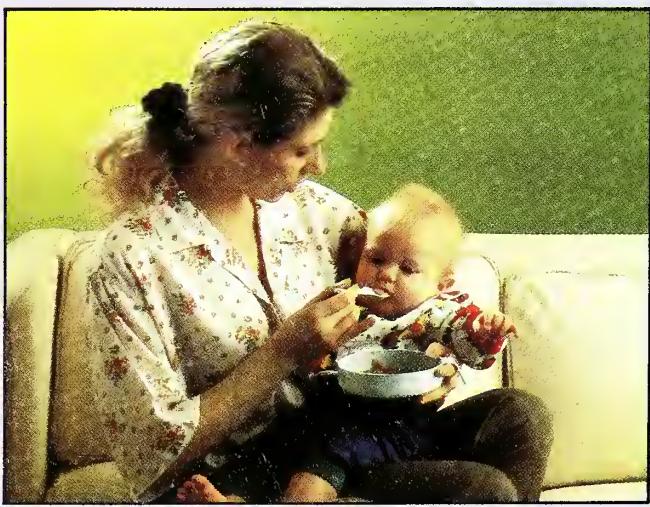
Q. "I don't think my baby likes milk. How should I replace the lost nutrients?"

A. Try giving other dairy foods such as cheese-based dishes, yoghurts or puddings with some milk content.

Q. "Whenever I give my baby citrus fruits he comes up in a rash. Is he allergic and should I try a special diet?"

A. Allergies tend to run in families and food allergies are the most common. As children get older, they tend to grow out of these. Allergic reactions to foods can include swollen lips, rashes, eczema or digestive problems. Cow's milk, eggs, wheat and citrus fruits are the most common culprits.

If you suspect your child is reacting to food, seek the advice of your GP. Never put your baby on a diet without the doctor's diagnosis and help.

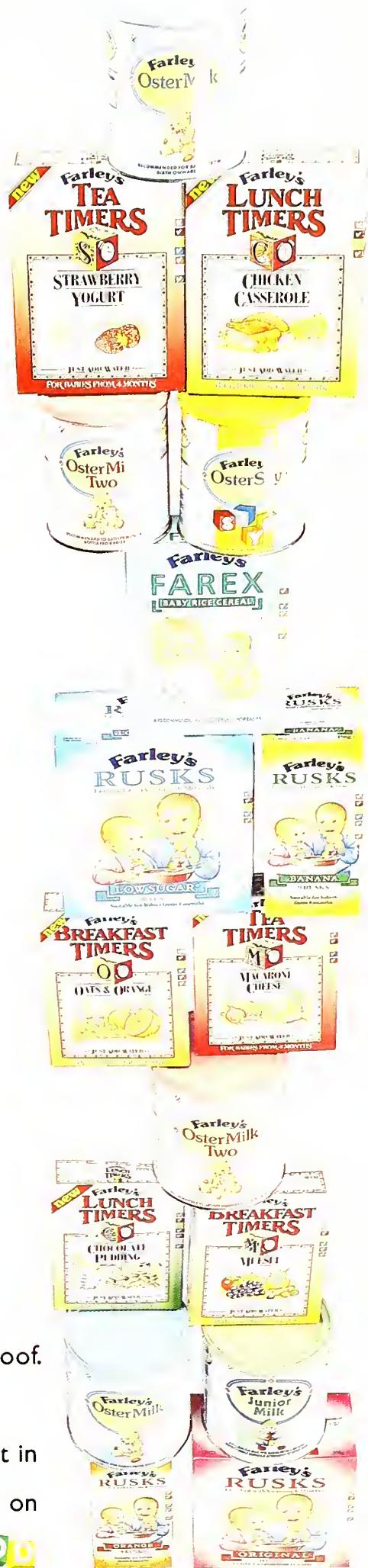


Courtesy of Heinz

We
are getting
bigger
faster than
any other
babyfood
brand.

Well, this
is a growth
industry.

This year Farley's value went straight through the nursery roof.
35% increase in fact, in a pharmacy market that grew by 21%.
And with a further £10 million spend on promotional support in
1992 and more new products on the way, it's clear why everyone on
Farley's diet does so well. **SO FARLEY'S SO GOOD**



continued from p6

breastfeeding but somehow bottlefeeding is so much easier for me."

This mum is calm and down-to-earth and, although emotionally in favour of breast feeding, prefers the practical benefits of a bottle. She will be mixing breast and bottle by eight weeks but using only the bottle by three months.

● **The Stressed Supplier** (18 per cent). "I feel that I should give breastfeeding a try but I actually feel much happier bottlefeeding."

This stressed mum gives in to the views of her partner, friends and society. She may never breastfeed or make only a token effort. She thinks that the breast is best for baby but not for her, and may be squeamish about the whole exercise. She feels guilty about thinking that breastfeeding prevents her returning to a "normal" life.

● **The Modernist** (35 per cent). "I am completely happy bottlefeeding and it seems to be the right choice for me and my baby."

The Modernist mum is generally younger and more down-market. She is totally in favour of bottlefeeding and nine out of ten will never use the breast at all. Resuming her sex life is very important to her and she strongly believes her breasts are more than just feeding machines!

The survey also found that three quarters of mothers believe bottlefed babies are just as healthy as breastfed ones.

Childcare options for working mums

While Paula Yates, wife of Bob Geldof and mother to Fifi Trixibelle, Peaches and Pixie, has described working mothers as "at best selfish, at worst irresponsible", many families simply cannot afford to lose the money that a working mum brings in.

Although the decision to work after having a baby may not always meet with enthusiasm, especially among older relatives, mothers are returning to work at a faster rate than ever before — particularly those with younger babies.

There is currently a range of childcare options available for

mums who cannot rely on family or friends to help out. However choosing the most suitable form, at an affordable price, is not always easy.

● Childminders

Childminders work from their own home looking after babies and children in the locality.

Rules and regulations vary but typically a childminder is allowed a maximum of three under-5s with only one of these being under 12 months. Registered childminders are visited regularly by the local authority so standards of hygiene and safety are usually high.

Cost varies considerably

hand so it matters less if you're late home from work etc. However, some people find this arrangement intrudes on privacy. The cost can be reduced by "sharing" the nanny with another family.

● Au-pairs

An au-pair is usually a foreign girl who has come to England, not only to care for children, but to learn English. As a result they may require studying time and to work no more than 30 hours a week.

An au-pair is not likely to have a great deal of experience of, or qualifications in, childcare so the option is not always ideal. However, if cover for only a few hours a day is required, then the arrangement may be sufficient.

These options all have advantages and disadvantages and should be assessed against the mother's personal needs. The following points are worth considering:

- How much can you afford? The cost of childcare varies considerably and should be balanced against the amount earned on return to work.
- How flexible is your employer? Does your job demand that you sometimes work late or at weekends?
- Do you have back-up support? Do you have family who can be called upon to help at short notice if you are let down?
- How flexible is your holiday? Some nurseries close for the school holidays and nannies and childminders will both take annual leave.

● Are you good at time management? Ensuring you see the most of your baby means you will need to plan ahead, keep to a schedule and probably have to make compromises.

(Information courtesy of Farleys)

■ Farleys have produced a "Back to Work Pack" containing three booklets. These offer advice on the feeding options available to a working mother; finding the right childcare facility; and coping with the emotional and physical aspects of combining a job and a baby.

continued on p10



Courtesy of SMC Nutrition

around the country, being lowest in the North East of England and highest in the South East.

● Nurseries

These can be council-run, workplace, community or private nurseries and all are registered with the local authority. Most full-time nurseries open from 8am to 6pm, five days a week.

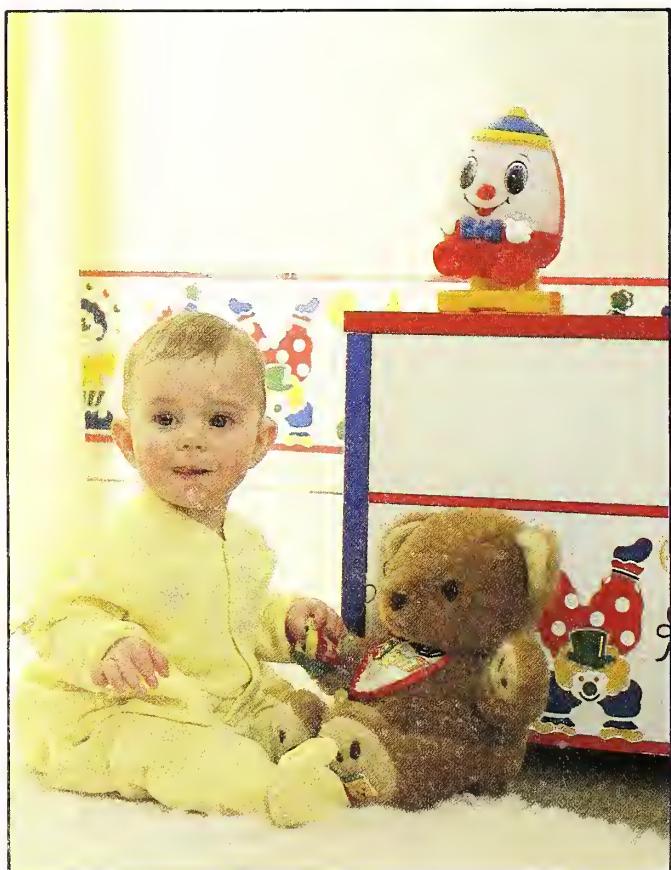
However, places may be difficult to obtain especially for the under-2s. Council nurseries can be popular because they are inexpensive (often less than £10 per week) but they may be allocated to people with special needs such as low income families or children with disabilities.

Some private nurseries are run by charitable organisations but most are private businesses. It is worth checking the number of staff, their qualifications, the sort of activities undertaken and equipment available.

● Nannies

Nannies may either live-in or work on a daily basis. A nanny should have taken one of the NNEB courses and be able to show a certificate.

A live-in nanny has the advantage of always being on



Courtesy of Farleys



Courtesy of Robinson

Three chances to win a colour portable television with Adexolin



Every new mother is advised that breast feeding will give her baby a healthy start in life. However, the quality of a mother's milk is largely dependent upon her intake of essential nutrients. If her diet does not contain the recommended daily quota of vitamins, it is possible that she is not fulfilling her baby's nutritional needs.

Until recently, there has been some doubt regarding recommendations for supplementation for breast-fed babies. Now, following the publication of the Government's COMA report, recommendations for infant supplementation have been clarified — the report recommends that "vitamin supplementation should be given to infants and young children from six months up to at least the age of 2 and preferably 5 years".

The COMA report recommends daily doses of: 200ug vitamin A, 20mg vitamin C and 7ug vitamin D. All of these vital nutrients are available in Adexolin Vitamin Drops, from Seven Seas, brand leader in the supplements market. The drops are sugar-free to safeguard the formation of healthy teeth, but they have a delicious blackcurrant flavour which babies enjoy so there is no problem with administering the full dose.

Adexolin now comes in two sizes — 25ml and 50ml. Each bottle has an easy-to-use measuring pipette clearly marked with two dosage levels. Babies fed on breast milk and non-fortified milk should be given the higher dosage level. This is also recommended for infants from weaning up to the age of five. Babies fed with vitamin D fortified milk should be fed with the lower dosage level. Adexolin can be added to a little boiled water or given straight from the spoon.

The competition

Seven Seas are offering three lucky winners the chance to win a super colour portable television with remote control from Hitachi.

To enter the competition, simply answer the following three questions — the answers can be found in the text.

1. What daily vitamin doses does the COMA report recommend?

.....

2. Why do Adexolin Vitamin Drops safeguard the formation of healthy teeth?

.....

3. For a baby fed on vitamin D fortified milk, which dosage level of Adexolin Vitamin Drops should be administered?

.....

.....

Send your entry to Seven Seas Health Care/Over the Counter Competition, Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.

Name

Pharmacy address

Phone

Rules

1. All entries become the property of Seven Seas Health Care Ltd. 2. The competition is not open to employees of Seven Seas Health Care Ltd or Benn Publications Ltd, their families or the companies' agencies. 3. The closing date is March 28, 1992. 4. Entries received after the closing date will not be accepted. 5. The first three correct entries drawn out of the bag after the closing date will be the winners. 6. The editor's decision is final and no correspondence will be entered into. 7. The winner's name will be available from Seven Seas Health Care Ltd. 8. Seven Seas Health Care Ltd reserve the right to publicise the winner's and runners-up names and photographs. 9. The prize must be accepted as offered, there is no cash alternative.

The smallest part of a hearty diet.



Actual size.

Heart maintenance

Enjoying a long and active life depends on keeping the heart and circulation healthy.

Happily, research is now showing us a number of ways in which we could really help ourselves:

1. Eat less fat - more fibre
2. Take more exercise
3. Stop smoking and...
4. Start taking garlic

Why garlic?

We now know that it is important for the health of the heart that we maintain our blood fats and cholesterol at the correct levels.

Recent scientific studies suggest that taking garlic regularly could help us keep these levels normal.

Nature's little joke

The best garlic for you (but not for your breath) is raw garlic. It provides a substance called allicin which has important benefits but is also very smelly. You can't have one without the other.

Unfortunately garlic oil products use boiled garlic and contain little or no allicin. So what can you do?

KWAI Garlic

Kwai guarantees a high amount of natural allicin producing substances in every little easily swallowed tablet of concentrated garlic.

The richest source of allicin is organically grown Chinese garlic. Kwai always selects the highest grade, whole Chinese garlic cloves from the same fertile province. Then they are carefully dried in a special process which just takes out water and nothing else. So Kwai is the nearest thing to raw, fresh garlic; in a convenient tablet form. Unlike garlic oil capsules, Kwai contains no gelatine and no vegetable oil.

£6 million heart research

Like you, Kwai cares about your health and has so far invested over £6 million in research studies to confirm what has been suspected for centuries - that garlic could help keep the heart healthy. No other company has Kwai is unique.

Three times a day

Research has shown that it's best to spread your intake of garlic across the day. Taking it once a day, even a large amount, seems in some important ways to lose its effectiveness after a short time. And not taking Kwai's concentrated garlic all at once, helps to make sure it doesn't make you smell.

So just take two tablets with each meal and stay fragrant.



Try the Kwai kiss test.

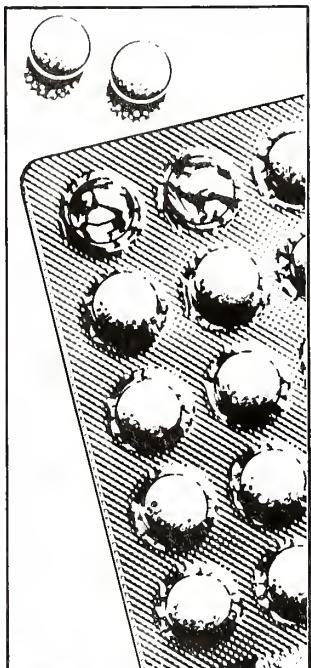
Odour controlled

If Kwai is so potent, why can't you smell it or taste it? (25% of current users were recommended Kwai by their friends!)

This is because Kwai doesn't produce its allicin until the special coating dissolves in your digestive system.

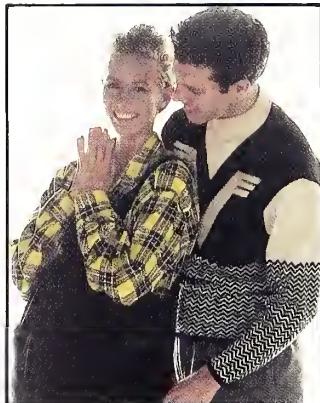
No.1 in Europe

Kwai is now Europe's No.1 non-prescription health brand and over 1 million people use it every day. Kwai is the ideal way to take garlic which could help maintain a healthy heart and circulation. That's why nine out of ten people who try Kwai, stay with Kwai.



Kwai
Highly Concentrated Garlic Tablets.
The Spice of Life!

'Let's talk about sex!'



expect to become pregnant in the first six months. Even worse, 20 per cent expect to become pregnant the first time they try. Perhaps it's not surprising that some will be disappointed when their next period arrives.

Pill worries

Some 45 per cent of women are worried about the long-term use of the pill affecting their ability to become pregnant. This is a more popular concern than alcohol or smoking. When it comes to male fertility, it seems that women are better informed. Some 26 per cent of women, compared to only 19 per cent of men, are aware of the possible adverse effects of tight trousers!

When it comes to having a family, men still have the more traditional views with nearly half believing that marriage should come before babies — 45 per cent of women think the same.

The ideal number of children per family is still two — with money worries being the main reason for both delaying a family and limiting its size. Family pressure to have children can be a problem, especially for professional women aged between 25 and 34 years of age.

Once pregnant, 17 per cent of women between the ages of 16 and 24 years do not know how to confirm that they are expecting! And over a third of all women mistakenly believe that home pregnancy tests bought in the pharmacy are less accurate than the tests used by a doctor or pharmacist.

If all goes well, when the nine months of pregnancy are up, 43 per cent of women think it's important for the father to be present at the birth — men are not so sure, only 39 per cent share the same opinion.

(Information courtesy of First Response)

Steps to avoid a tragedy

These days, everyone has heard of cot death. With TV celebrities like Anne Diamond willing to talk about their own experiences, it is no longer a subject that people fear to mention.

A great deal of medical research has been carried out into why some babies die suddenly with no apparent cause. Although there is still no real answer to the question "Why?", researchers have identified a number of factors which contribute to cot death.

The Foundation for the Study of Infant Deaths has produced a leaflet telling mothers how to reduce the risks of cot death. The main points to be remembered are:

- Place baby on the back or side to sleep, not on the tummy, unless otherwise instructed by your doctor. Babies should not have a pillow when sleeping.
- Avoid smoking and smoky atmospheres. Smoking during pregnancy and after the baby is born increases the risk of cot death.
- Do not let baby get too hot or too cold. After the first four weeks babies are good at keeping themselves warm. To check how warm your baby is, feel the tummy.
- If you think your baby is unwell, contact your doctor.



Headache at 10.00. St. Mark's at 12.00.

.... Time for Nurofen.

Clinical trials have shown that

Nurofen is more effective than aspirin or paracetamol in relieving headaches. And, unlike some combination products that include codeine, it doesn't cause constipation or dependence.

Nurofen (ibuprofen) also performs well in relieving most other common indications: period pain, dental pain, muscular aches, flu symptoms. Also, unlike paracetamol and codeine, Nurofen has anti-inflammatory properties.

This efficacy is accompanied by an equally impressive safety record. Nurofen is safer in overdosage than either aspirin or paracetamol, and less likely than aspirin to have an adverse effect on the gastrointestinal tract.

Since Nurofen and Nurofen Soluble are sold only in pharmacies, more and more customers are bound to come to you for them. So ask for our new Professional Guide to Pain Relief: it'll help you recommend Nurofen on the basis of hard clinical data. And when you compare Nurofen to any other analgesic, we think you'll come to the inevitable conclusion – there is no comparison.

NUROFEN
SOLUBLE
NUROFEN
A BREAKTHROUGH
IN PAIN RELIEF



48 TABLETS

Nurofen. When it's time to recommend.



If you would like to receive our Professional Guide to Pain Relief, write to Crookes Healthcare Limited, P.O. Box 94, 1 Thane Road West, Nottingham NG2 3AA

Colour with confidence!

A rainbow of home hair colours from deep plum to strawberry blonde can be selected from the shelves, but to avoid customers making mistakes ranging from lime green to vivid yellow, not to mention dry, damaged locks, Jacqui Brommell points out some basic rules

Prevention is certainly better than cure when using hair colours, and it is easy to avoid disasters if manufacturer's instructions are followed. This may sound obvious, but most hair disasters arise from simply ignoring the full instructions. Think how often you've seen a head of frizzy, overbleached hair!

When customers are browsing at the hair colours, ask what result they are after — do they want to liven up boring hair, go blonde, dabble with colour for the first time, or maybe cover grey?

Remember that natural hair colour will affect the final result and the shade on the pack should only be used as a guide. After all, no product can work miracles! For the most flattering effect, enhance natural colour by sticking to a similar shade. And what suits one customer is unlikely to suit her friend! These days customers want to be complimented on their natural-looking, glossy hair, rather than be greeted with a shriek of: "You've dyed your hair!"

Consider skin tone too. Light shades are more flattering to older customers as skin tone lightens with age. Don't forget to recommend new make up to compliment a new hair colour. Faces can look pale and drained if a vibrant hair colour is used, so encourage customers to experiment with bright lipsticks and eyeshadows to balance their total look. Complementary hair accessories may also add the finishing touch.

Colour without commitment

Semi-permanents are ideal for a wide spectrum of customers from the timid to the adventurous — they offer an instant boost to hair colour and also promise a glossy sheen.

These colours can enrich and brighten, but not lighten hair as they don't contain bleaching agents. The effect is gentle and usually lasts between six and 12 washes, depending on how long the colour is left on the hair, natural hair colour and hair condition. But continual use can result in slight regrowth and may leave hair looking dull, so go easy!

Although some customers may prefer vivid shades of red, purple and orange, remember that the lighter their hair colour,



Courtesy of Alberto Culver

the more vibrant the result will be. A plum shade applied to fair hair may give nasty pink tones for example! In fact semi-permanents are not generally recommended for use on highlighted or bleached hair, or hair with more than 15 per cent grey. However, Clairol's Loving Care is a semi-permanent range suitable for grey hair.

No turning back!

Permanent colours are most popular among older customers to hide grey, but make sure they are aware they will need to reapply every four to six weeks to hide regrowth.

Permanent hair colours are mixed with peroxide before use so packs always contain two bottles. They can lighten natural hair colour by up to four shades, or darken to any shade. They can change the texture of the hair, making it coarser and giving more body, which may be an advantage to those with naturally fine, lank hair.

Blonde beauty

Despite the trend for natural-looking hair, there will always be customers after the dazzling

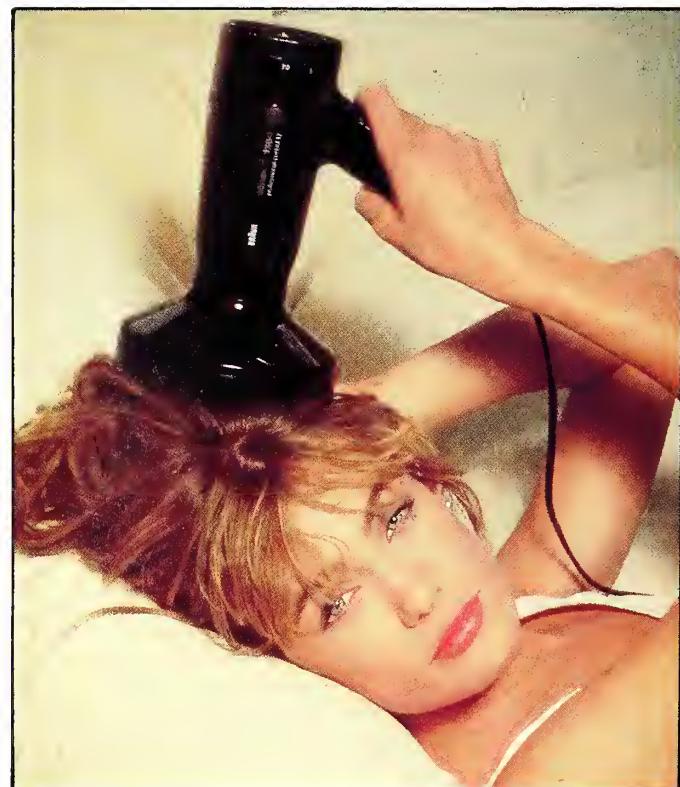
Top condition

Hair in tip-top condition will give the best colour results, so damaged hair should be nursed back to peak condition first with intensive conditioners. Visibly split or very dry, damaged hair should not be coloured: it is very porous and can soak up colour like blotting paper!

A quick test to check hair elasticity is to pull out a strand of hair and stretch it between your fingers. If it snaps or doesn't stretch to at least half its length again, it's in a weak state and shouldn't be coloured.

Of course conditioning is crucial after colouring too, so advise a shampoo and conditioner for colour-treated hair to keep the colour vibrant and encourage silky locks. Avoid anti-dandruff shampoos after colouring as they can take the vibrancy out and make colour look "flatter".

Intensive conditioners such as hot oil or remoisturising formulas should be used weekly to nourish coloured hair. And don't go mad with heated styling appliances.



Courtesy of Braun

Over zealous use of hair dryers used to be a major factor in heat damaged hair. Today's modern appliances with diffusers and cool shots are a vast improvement

look that only bleach can achieve.

Whole head lighteners are the most drastic hair colour and can be tricky to use correctly, especially on longer hair. They should not be used on previously coloured hair either.

Hair lighteners contain peroxide and they remove colour rather than adding it. Natural hair colour is lightened stepwise through red, orange and gold before reaching blonde.

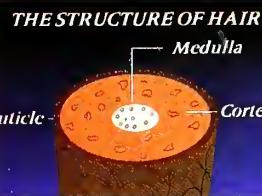
Many customers panic after applying lightener and take it off too soon, resulting in horrid orange or yellow tones. Home lightening kits are not usually strong enough to lighten dark brown or black hair, again resulting in an unattractive shade. In these cases, a visit to the hairdresser's is the only remedy.

Even hair lightened correctly can still be a shock, but brassiness can be toned down to a softer, pastel shade with a semi-permanent toner for lightened hair.

Highlighting kits give a much

Retouchable!

Care should be taken when retouching roots with permanent colourants or lighteners. New colour should be applied to the regrowth first then spread down to the ends for a short development time, as any overlap into previously lightened hair could result in damage or even breakage.



A single hair

• The **cortex**, composed of keratin, is responsible for most of the hair's strength, elasticity and texture. Varying amounts of two natural colour pigments — black/brown and blonde/red give the hair its natural colour.

• The **cuticle** is the outer layer consisting of overlapping transparent scales. Roughened cuticle scales caused by overheating and over-colouring make hair more porous.

• Temporary colourants coat the cuticle, but allow the natural hair colour to shine through and wash straight out.

Semi-permanents deposit colour between the cuticle and cortex, while permanents penetrate the cortex, enlarge the colour molecules and are permanently locked in.

more natural result than whole head bleaching — but be careful! For sun-kissed streaks it is important to only pull a few strands of hair through holes in the cap — pull too much through and you could end up looking like a zebra!

Holiday enemies

Coloured hair needs extra-special care in the Summer as the sun and sea can wreak havoc with both colour and condition. Delicate bleached hair can soon begin to resemble straw, and may even turn green after a dip in the swimming pool, due to absorbing chlorine. Ultra Swim is an antichlorine shampoo and conditioner to prevent this. Sunlight can also fade hair colour so a hat or scarf is a good idea.

Colour by numbers

For successful colouring, make sure your customers follow these basic tips — they are only guidelines so always read the instructions first.

1. Assemble everything you need before you start — don't forget the clock for accurate timing!
2. Always do a strand test, even if you have used the colour before. And always do a skin test to detect allergies.
3. Protect clothing and skin well — advise customers to save an



old T-shirt and towel for example. Avoid use if you have a skin or scalp disorder or the skin is broken or inflamed. Use plastic gloves.

3. Avoid contact with eyes and do not use on eyelashes or eyebrows. Rinse immediately with cold water if contact occurs.
4. Do not use hair colourants if you are pregnant, or if you have been taking chemotherapy or a course of drugs — these can alter the chemical balance of the hair
5. Always apply colour evenly — it's easier if a friend helps!
6. Use lightening agents in a well ventilated room and do not inhale fumes.
7. Do not use hair colourants

over hair restorers, metallic dyes or compound hennas.

Disaster!

Some typical questions customers ask:

Q. Do I need two packets for long hair?

A. Most packs contain sufficient for bob-length hair. So hair that is long or thick may require two packs to avoid a patchy result.

Q. I have very short hair — can I get two applications out of one pack?

A. Semi-permanents can be saved but once permanent colours or lighteners have been mixed they should be used immediately.



used a permanent colour for several years.

A. Yes — but this should only be attempted at home if the permanent colour is close to the customer's natural colour. If a light shade has been used, the new semi-permanent will not cover regrowth.

Q. A semi-permanent has gone too dark — what can I do to remove the colour?

A. Massage a small amount of warmed olive oil into dry hair. Cover with a plastic hood and keep the oil warm by carefully using a hairdryer for at least half an hour. Shampoo three times with a medicated shampoo followed by a conditioner.



Before and after (above): Glints semi-permanent (Framboise) enhances and enriches natural brown hair



Blonde hair doesn't have to be brassy! Clairol's Born Blonde toner has been applied to pre-lightened hair (left) for a sophisticated finish

Q. How can I return my bleached blonde hair to its natural medium brown colour?

A. Customers should not attempt this unless they want to end up with green hair! Bleached blonde hair has no red pigment, so applying a medium brown colour directly produces green. The skill of a hairdresser is required to "repigment" the hair with red colour first, then brown.

Q. Can I change to a semi-permanent colour? I have

Q. I've used a permanent colour which has gone too dark — can I use a lighter shade to lift the colour?

A. Remember, colour does not lighten colour, and it is unwise to dabble with mistakes made with permanents.

Q. Can I colour permed hair?

A. After perming it is best to wait at least two weeks. A strand test will tell if a lighter shade of permanent colour may be required now that the hair is more porous.

Help!

There will always be that customer with the awkward question you can't answer. If in doubt, seek expert advice — the following companies can provide solutions to hair colouring problems and advise when it is best to see a hairdresser:

• Bristol-Myers — Jo Clair Advisory Service 0800 181184

• Annabelle Scott, Wella Hair Care Advisory Service, Wella Road, Basingstoke, Hampshire RG22 4AF

• Vitapointe Dry Hair Advisory Service, 225 Bath Road, Slough, Berkshire SL1 4AU

(Additional information courtesy of Bristol-Myers Co Ltd and Wella Great Britain.)



Courtesy of Nicotille

Smoking — the truth

March 11 is No Smoking Day when hopefully many of your customers will be looking to quit. Jeremy Clitheroe FRPharmS, a community pharmacist in Liverpool, describes this addiction and how pharmacy assistants can help

Absolute facts about the number of adults who smoke vary from article to article and from journal to journal. It is safe to say that approximately one third of adults still smoke. Therefore, two thirds do not and choose not to do so. Fortunately, the proprietors of more and more public places are agreeing with the wishes of the majority and creating smoke-free zones.

Freedom of choice is the right of all. If you wish to smoke, do so, but in so doing is it right to force others to participate in your chosen vice, against their will? Freedom of choice also applies to them.

All this assumes that there are just two groups of people — those who wish to smoke, and those who don't. The truth is that there is another group — the smoker who wants to give up.

This person may need a little help because he, or she, can't give up alone. How often do people recount having given up many times? What they are really saying is that they gave up, but were tempted and restarted. They never really gave up, but just stopped.

temporarily. No one can give up smoking for them.

As with other drugs, including heroin, the decision to become nicotine-free must be made by the smoker. Prohibition and penal taxation do not work. Think of the smoker who is locked away in prison (or hospital) where tobacco is either very limited, or prohibited. He may well not smoke while he is "inside", but the first thing he does when he is released is to go to the shops and buy some cigarettes. By locking him away, or applying punitive taxes, we on the outside can impress our will upon him for a while. But, sooner or later, unless he has made that decision to become drug-free, he will succumb. He alone can make the decision, however we can help him both to make the decision in the first place and stick to it.

What is smoking

When tobacco is burnt, it releases many of its constituents in vapour form. The major components to consider are nicotine, tars, carbon monoxide, carcinogens

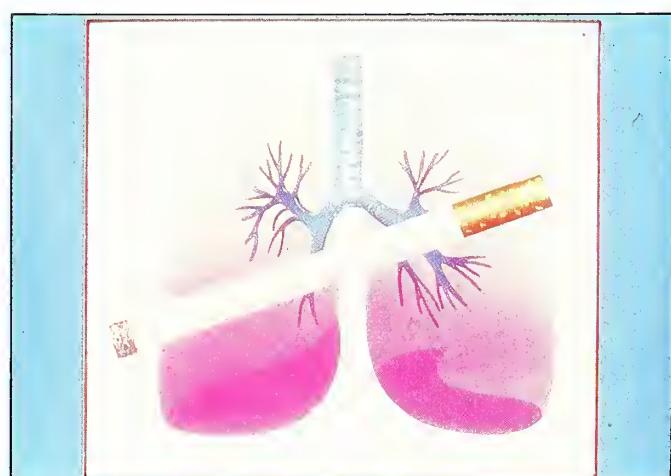
and bronchial irritants.

Nicotine stimulates the central nervous system when given in small doses, but depresses it when the dose is increased. Tars may be equated to the sticky glutinous masses which exude from coal when it bubbles and burns on an open fire. They are the condensates of all the long chain molecules which vapourise as the temperature rises during the burning process, only to congeal

and solidify upon cooling.

Carbon monoxide is the simple oxide of carbon which is formed either above 1000°C, or when there is an inadequate amount of oxygen. It is dreadfully poisonous. In addition, it competes, selectively, for oxygen in the blood supply of the lungs so that instead of transporting oxygen around the body as bright red oxyhaemoglobin, the red blood

continued on p16



**The Olympic
Vitamin is running
on T.V. for
record breaking
sales.**

Sanatogen

We are the only official supplier of vitamins and supplements to the British Olympic team. We'll be telling everyone in our TV campaign, which starts with the Winter Olympics in February.

Our packs will also feature a 'Win a free trip to the Olympics' competition. If you want to be part of the winning team, call us now.



To join in the promotion and receive free materials, call 0509 611001 Ext. 45202.

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continued from p14

cells are converted to the pink carboxyhaemoglobin. Asthmatics, and people with blocked or occluded arteries, take note!

Carcinogens produce cancers. These agents are found particularly in the tar, but also in other fractions of tobacco smoke. The irritants are responsible for the chronic smoker's cough, for the slowing down of the sweeping motion of the cilia in the airways which normally remove debris, and for the long term inflammation of the whole of the bronchial tree. Curiously, when smokers first give up, they often complain that their cough is worse. The reason is that the accumulating mucus is producing a mechanical irritation which triggers their cough reflex, but they no longer have the chronic irritant effect of the smoke to loosen the phlegm.

Why smoke?

Smoking is a learned behaviour. No one is born knowing how to smoke tobacco. It is learned from others, usually as a result of peer pressure. In days gone by it used to be taught behind the bicycle sheds at school. Nowadays, it is probably at parties.

The common factors are that it is experimental, with young participants, and has the stimulating aura of naughtiness. To the young, smoking is seen as sociable and the thing to do. If only these experimenters could know that for 100,000 of them every year, it will also, eventually, be suicidal.

Despite this, the youngster persists. The first challenging dose of nicotine on the naive cells of the novice frequently produces pallor, nausea, sweating, headache and sometimes vomiting. But he persists.

As tolerance develops he overcomes the discomfort, and finds the drug pleasurable and relaxing. The experimental drug abuser has now become a recreational user. At this point, the social aspect has been overtaken by the pharmacological one. He now takes the drug because he likes it. What was a social habit is now a chemical dependence. Whether this is true addiction or just habit is questionable. Indeed, many reformed heroin and nicotine addicts claim that smoking, as a habit, is harder to kick than heroin.

The dangers

Scaremongering tactics have been tried in the past. They worked, marginally. Cigarette packets now carry health warnings — timid ones. There is logic in printing on one packet in

four "You will die from these". One in four smokers will indeed die, prematurely, from a smoking related disease and the taxpayer will pay the medical bills for his self-inflicted illness.

Better, surely, to tell everyone the facts and let them make informed judgements. It applies to so many decisions in life. Smoking cessation is one more.

• Facts of death

All the 100,000 premature deaths each year from smoking-related diseases are preventable. Each person has killed himself, unnecessarily, but many, sadly, in ignorance.

more often in smokers than non-smokers. Cancers of the lips or tongue occur more frequently in pipe smokers. Bad breath, gingivitis and poor dental hygiene are also common. Twice as many smokers will have stomach ulcers and the delay in healing of the pre-existing condition is also increased.

All this refers to mainstream smoking, that is the smoke which is inhaled or aspirated into the mouth of the smoker. "Sidestream smoke" refers to that which either escapes from the burning tobacco, or is exhaled from the smoker. Both

anti-anginal property of all of these.

Gastritis, inflammation of the stomach, and gastric ulcers are prevalent in smokers. The therapy of choice is H₂-antagonists such as ranitidine or cimetidine. To continue to smoke is to reduce the healing rate.

Diabetic smokers are a special case. Depending upon the type of insulin used by the injecting diabetic, the reduction in absorption can vary from 100 to 30 per cent. Control of the condition is extremely difficult in these patients.

"How can I help?"

It is for the smoker to decide to give up but the pharmacy assistant can be of great service by giving helpful, non-judgemental and positive advice. Simple matters such as deciding when to stop, whether to cut down or stop abruptly, and so on, can make a world of difference to a semi-determined smoker.

Smokers often describe their habit as "pleasurable and sociable." It is also difficult for them to stop because of the cycle of events which precede "lighting up". They tend to want a cigarette when they drink alcohol, after a meal and after other occasions best left to the imagination! That association with pleasurable behaviour plus a diminishing blood level of nicotine produces a powerful desire to smoke.

Knowing why the desire is so strong is the essence of successful, painless withdrawal. Avoiding the association by distraction with other factors or keeping away from other smokers and the pub or club for the first week or two will certainly help. Physical aversion therapy, by making cigarettes taste so bad that the act of lighting up produces vivid memories of the foul sensation, can work too.

Mental aversion therapy is often more successful because it does not rely upon the smoker remembering to use a third party agent to produce the aversion. Mental aversion can take place if the smoker can persuade himself that his breath smells. If a woman realises that her hair smells like an old ash tray just half an hour after washing it, or that she is more attractive as a person without the smell or taste of tobacco, then mental aversion has taken place. The decision is the balance: which would you prefer, the former or the latter?

It cannot be too forcefully emphasised that this decision must be made by the smoker. Telling him that he smells awful will only produce resistance and resentment. Far better for him



Courtesy of Nicotine

What actually kills them? Top of the list is heart disease, killing some 35 per cent, taking approximately two men to each woman.

Closely following heart disease, is cancer of the lung with a massive total of 30 per cent of all premature deaths, this time the ratio of men to women is up to 4:1. Chronic lung diseases such as bronchitis and emphysema are responsible for another 12.5 per cent. Men, again, lead by a ratio of 3:1.

• Maiming diseases

Strokes are not recorded in the fatality list, as they do not kill immediately. What they do is paralyse the body, locking healthy minds in bodies incapable of movement or communication. Many such unfortunates would prefer death, given the choice.

Intermittent claudication is a condition which causes the arteries of the legs to constrict and so they deliver an inadequate blood supply to the muscles of the calf. A diminished blood supply means a diminished oxygen supply. The muscles call out for oxygen by their only means of communication — pain. The patient is seen as the middle-aged to elderly pedestrian leaning against a wall or fence either resting or rubbing his legs. Almost 100 per cent of these patients are, or were, smokers.

Cancers of the mouth and throat occur up to twenty times

of these types contribute to "passive smoking", when an unwitting, or unwilling, person in the vicinity of the smoker inhales some of the smoke.

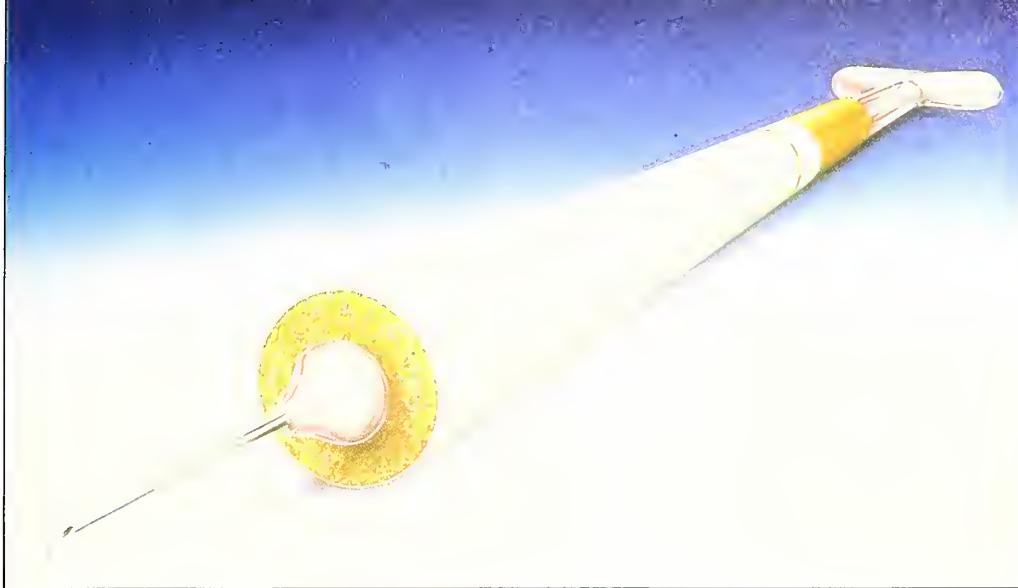
Passive smoking, because of its dilution, is less harmful than mainstream smoking, but is responsible for many diseases and conditions.

Pregnant women who smoke subject their unborn child to a dilution of all of the noxious components of tobacco smoke in their placental blood supply. These babies are born smaller and less healthy than those born to non-smoking mothers.

Interactions

Many smokers have chest and breathing problems which may or may not be linked to tobacco. It is likely that they will be on some form of medication to alleviate their symptoms. There are major interactions between some of these preparations and smoking.

Theophylline products are given as bronchodilators, to open up the airways. Unfortunately, the dose needed to achieve the same bronchodilation in a heavy smoker can be almost twice that necessary for a non-smoker. The anginal pain experienced by a person with furred up, or hardened, coronary arteries will usually be treated with atenolol, propranolol or, more commonly, nifedipine. Smoking reduces the



up smoking is praiseworthy and deserves credit, so first congratulate the person and give them a bonus in the form of a verbal list of all the health benefits they will receive.

There are several pointers and suggestions which are worth mentioning. The aspects of a positive mental attitude and self congratulation need constant reminder. The investment is the concentrated effort and the dividend is greatly improved health, fitness, and a dramatic increase in cash in your pocket. One good suggestion is to put the money you would have spent in a moneybox. You won't miss it, but when you come to use it, what a bonus!

Courtesy of Nicorette

Avoiding the trigger environments at first will help, but remember that it won't be long before you wonder why you ever smoked. Congratulations!

■ It should be remembered that pharmacists are instructed not to sell tobacco products in the Guide to Medicine, Ethics & Practice published by the Royal Pharmaceutical Society.

to realise it himself and avoid the situation by willpower. It is arguable as to whether smokers ever really give up. Do they perhaps just stop smoking for a time, without defining how long the time is? If the latter is the case, they will tend to restart, stop, restart and so on. The permanent cure is to give up for good.

Giving up

We know that there are psychological, social and chemical triggers which create the desire to smoke. For psychological and social agonists, avoiding the triggers will cut down on the problem. For the chemical triggers, there are two ways. Some people, admittedly the minority, are successful if they transfer from their favourite brand to a low tar or even non-nicotine or herbal cigarette. In so doing, they maintain the social aspects of smoking but reduce, or completely remove, the chemical upon which they have become dependent.

The more successful method is to stop smoking abruptly, but to replace the nicotine level in the blood by means of nicotine resin laced chewing gum. This has two advantages — the craving for nicotine (and a cigarette) is removed, while the need for oral satisfaction (putting something in the mouth) is satisfied by the gum and the process of chewing.

The British National Formulary correctly defines nicotine chewing gum as "an adjunct to counselling", which is a perfect description. The counselling is as important, if not more so, than the gum. The therapy is the combination of the two.

Each year we hold No Smoking Day, usually in March. It is estimated that some 2.5 million people try to give up for good. Some give up for the day, others last longer. Throughout the country the various health promotion units of district health authorities organise events from

fun runs to voluntary health checks on mobile buses. It is all positive. There is no down side to their activity. In fact, they would probably welcome enquiries from pharmacy assistants prepared to devote a little window space for their free promotional literature. Why not ask them?

Exercise should be fun as well as being good for you. As soon as the initial coughing and wheezing settles down, there is no reason why any long standing smoker shouldn't benefit from, and enjoy, some exercise. As with everything — moderation at first should be borne in mind. Gentle and progressive exercise, under supervision, is excellent recuperative therapy for tobacco addicts.

Everywhere we go, the environment is being made healthier. The pollution caused by smog up to the 1950s wreaked havoc on the buildings of our cities. Progressive city councils are cleaning off the embedded grime. We can do that in our lungs. Stopping smoking, cleaning the air and avoiding contaminated and polluted environments will all cleanse our airways.

The London Underground went smoke free after the Kings Cross tragedy and it is likely

that British Rail will follow suit. Buses, restaurants, cinemas, theatres and aircraft would be healthier and cleaner if travellers were dissuaded or prevented from smoking.

Pharmacy role

The major role is that of education and then product advice — in that order. To give

Ashes to ashes

These facts and figures on smoking and health make any best selling horror story pale into insignificance. If anyone trying to quit looks like giving in to the weed, just point out some of the following. You'll soon have them thinking twice about lighting up.

- There are about 14 million adult smokers in the UK, and about 10 million ex-smokers.
- People aged 20-59 are more likely to smoke than those aged 16-19 or over 60 years of age.
- The difference between the number of men who smoke or women who smoke is greatest in the over 60s but numbers are about equal among 16-19 year olds.

- Although more men smoke than women, women are slower to give up. From 1972 to 1988 male smokers dropped from 52 per cent to 33 per cent of the population but for women the figures fell from 41 per cent to 30 per cent.

- In 1950 women smoked only half as many cigarettes as men. Now they smoke almost the same number.
- Smoking is more common in manual than in non-manual workers
- Three out of four companies have no-smoking areas

Health effects

- About 100,000 people in the UK are killed by smoking each year
- 284,159 people are admitted to hospital each year with smoking related illnesses. This costs the NHS £437 million a year in in-patient bills alone
- Out of 1,000 young UK smokers of 20 or more cigarettes a day, one will be murdered, six will die in road accidents and 250 will die prematurely as a result of smoking
- About a third of deaths caused by smoking occur in people under the age of 65
- Most of the deaths due to smoking are from three main diseases — lung cancer, chronic obstructive lung disease (bronchitis and emphysema) and coronary heart disease

continued on p18



Sue Oakes of Blooms the Chemist, Leeds, knows how to catch the judge's eye with window displays. Her success in Smithkline Beecham's Summer display competition was her second win in this competition. Sue received her prize from Bill Jeffs (left), SB's area manager and sales representative Buzz Humphrey

continued from p17

- Approximately 90 per cent of deaths from lung cancer and bronchitis are caused by smoking plus at least 20 per cent

Some products available to help quit smoking

Herbal cigarettes
Low tar cigarettes
Nicotine resin chewing gum

Stoppers
Tabmint

Nicobrevin

- of deaths from heart disease
- People who smoke are more likely to get cancer of the lung, mouth, throat, oesophagus, bladder, kidney, pancreas and

- no nicotine
- less tar and nicotine
- breaks the smoking habit and eases withdrawal/craving
- tobacco substitute lozenges
- produces unpleasant taste in conjunction with smoke
- quinine and valerian reduces craving

cervix — as well as other rarer cancers

- People who smoke may have raised blood pressure and develop blood clots and circulation problems which can lead to gangrene, necessitating amputation
- All smokers have an increased risk of suffering a heart attack or a stroke
- Smokers are more likely to get gastric and duodenal ulcers and their ulcers take longer to heal than non-smokers. They are also more prone to heartburn and indigestion.
- On average, smokers take about twice as many days off sick from work as non-smokers

earlier in women smokers

- Still-births and deaths in the first week of life are 30 per cent more common in babies of mothers who smoke regularly after the fourth month of pregnancy.
- Children of mothers who smoke ten or more cigarettes a day after the fourth month of pregnancy tend to show poorer progress at school, at least up to the age of 16
- In a household where both parents smoke, their children could be experiencing damage equivalent to smoking 80 cigarettes a year
- The children of smoking parents suffer more frequent and severe episodes of childhood respiratory illnesses
- Children under 16 are estimated to spend up to £90 million a year on cigarettes. All these sales are illegal as selling tobacco products to under-16s is against the law.

'I want to give up'



The road to becoming a non-smoker has both obstacles and milestones. The obstacles will hinder and tempt you, while the milestones will let you know just how much progress you've made.

The first thing to do is decide to give up. This should not be a half-hearted attempt but a positive, determined effort. List all your reasons for stopping. These may include:

- I am worried about my health
- I don't want an early death
- I don't want my face to age prematurely
- I don't want to set a bad example to my children
- I don't like being dependent on tobacco
- It's not socially acceptable
- I don't like smelling like an ash tray
- It costs too much

Now that you've made the decision, the next step is to set the date. Some people try cutting down gradually or changing to a low tar brand but the only real way to give up is just to stop.

It's often easier to decide to quit with a friend or even in a group. This way you will have help and encouragement if your determination weakens. It also means that if you socialise with these people you are less likely to be sitting next to a smoker in the pub, for example.

The day before you stop, get rid of all cigarettes, ashtrays and

lighters. Clean out your home and car, trying to make them as fresh as possible.

On the "quit day", start the day differently, changing as many routines as possible. If you usually have a cigarette with a cup of coffee on arriving at work, try skipping the coffee. If you really have to light a cigarette, make yourself wait for five minutes — cravings do go away!

You may find it easier to avoid smoky places for a while after quitting. This may mean missing a couple of evenings down the local pub but it will be worth it in the long run.

Find a large glass jar or bottle and put into it all the money that you would have spent on cigarettes. You'll be surprised how quickly it mounts up.

If your resolve begins to weaken, try counting how much you've saved or treating yourself to something with some of the money. Remember to tell yourself that you would not be able to do this if you were still smoking.

Try taking up a new sport or just increasing the amount of exercise you do. Adopting a generally healthier lifestyle will make you less likely to go back to tobacco.

At moments of weakness, look at the list of reasons why you wanted to give up. Do you really want to go back to that? (Information courtesy of Nicorette).

Women & children

- Women who smoke are more likely to take longer to conceive than those who do not
- The menopause occurs on average two to three years



Margaret McNeil, who was judged Moss Chemist's assistant of the year for 1991, enjoyed a champagne lunch on Concorde as her prize. One of ten finalists from around the country, Margaret was put through her paces in three areas — merchandising skills, a credit card sale and a true/false quiz. She received her award from Moss Chemist's managing director Barry Andrews

Winners of Quiz No 12

Mrs J. Hickman, 6 Alton Grove, St John's Road, Dudley, West Midlands DY2 7JU. **Mrs G.M. Goodrich**, Wilsden Pharmacy, 200 Main Street, Wilsden, Bradford BD15 0HX. **Carol Ann Moseley**, Finsbury Pharmacy, 87 Ansdell Road, Blackpool. **Mrs J. Ingham**, The Promenade, Arnside, Carnforth, Lancs LA5 0HA. **Mrs V. Fleet**, R.A. Hopkins Ltd, 152 Sundon Park Road, Sundon Park, Luton LU3 3AH. **Miss T. Jobson**, McCarthy Pharmacy, 25 Laura Street, Sunderland, Tyne & Wear SR1 1PT. **Mrs M. Morton**, Fossway Chemist, 38 Harepath Road, Seaton, Devon. **Kerry Straw**, 7 Southey Green Close,

Southey Green, Sheffield, S5 7QP. **Miss B. Simmons**, 20 Victoria Road, Forches, Barnstaple, Devon EX31 4JX. **Lisa Sanderson**, 222 High Street, Cottenham, Cambridge CB4 4RZ.

The answers to Quiz No 12 in December's *Over the Counter* are:— 1 Eustachian tubes. 2 Three parts — nasopharynx, oropharynx and laryngopharynx. 3 Inflammation. 4 Timely, responsive, accurate, clean and exclusive service. 5 Amarige. 6 Jazz. 7 Epidermis. 8 18,000 cm sq. 9 Four stages. 10 Lignocaine hydrochloride, zinc sulphate and cetrimide.

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Colgate Actibrush became brand leader in just 8 weeks and now we're pouring a further £4½ million into TV support to ensure its continued leadership.

Its success stems from its unique formulation which is clinically proven to fight plaque. And since the launch, it has generated huge growth across the whole mouthrinse market of +32%.*

Support for Colgate Actibrush is just part of our massive commitment to Oral Care. We will be spending £17 million on TV advertising on the Colgate range.

All of which means that Colgate Actibrush, the longer-lasting mouthrinse, will still be working for you.



SMILE
YOU'RE SELLING THE NO.1 MOUTHRINSE
Colgate



Facial tactics

Cosmetics are often an impulse purchase — women find attractive shades and elegant packaging hard to resist. But many consumers don't know how to use products to their best effect. Sarah Purcell looks at how you can help your customers make the most of their looks

Women have used cosmetics to enhance their looks since the times of ancient Egypt, when kohl and red lipstick were all the rage. Today the technology behind cosmetics has advanced considerably, but the concept remains the same — they are there to help women make the most of their looks. They are, of course, great fun too — no doubt many women still recall the seductive lure of their mother's make-up bag when they were children.

Knowing how to apply make-up correctly is perhaps more important than the products you choose. Whatever age your customer is, the basic advice you give her will remain the same — apply all products sparingly and blend carefully to

eliminate hard lines. The natural look seems to be here to stay, but to achieve it you need know-how.

Back to basics

To get the most out of cosmetics you need healthy, clean skin. So before you begin, cleanse, tone and moisturise with your usual products. Make-up artists always tend to use foundation, but if your customer is young, with very good skin, or wants a very natural daytime look, then a tinted moisturiser should give an adequate base. Before applying foundation, allow a few minutes for the moisturiser to sink in, otherwise the make-up will slip straight off.

Choosing foundation is where your customer is likely to need most help. First you need to find out what skin type she is. As a general rule, a liquid foundation is best for normal and oily skins and an emulsion or cream for dry skins. A liquid will give a much sheerer finish. The purpose of foundation is to even out skin tone, cover small imperfections, protect the skin and provide a base for other cosmetics. A matt finish usually looks best. Once your customer has decided on which type of foundation she needs, make sure she finds it comfortable on her skin.

The next step is to choose the perfect shade. Foundation should always be tested on the face, not the hand, since that is

where it will be worn! Choose three or four shades, then apply a small patch of each along the jaw line and pick the one you can't see.

Foundation should be applied in small, even dots over the cheeks, chin, nose and forehead. Blend in with a barely damp sponge or clean fingers. A good light is important. Blend just below the jaw line for an even finish, but not on the neck as this will stain your clothes. Foundation can also be applied to eyelids and lips as a shadow and lipstick base.

It's best to apply concealer after the base, since then you can see what still needs covering up. Use a small brush to blend the concealer over

Continued on p22

WHO'LL TAKE CARE OF SALES



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PAIN CAN'T HIDE FROM

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Beauty tips

Tone down red cheeks by applying a green colour corrective powder or cream (sparingly!) Foundation will not harm your skin — it won't block pores and will protect it from the elements Use a very soft pencil to define eyes Test new foundation on your face Use a large, soft brush to apply blusher Don't use a darker lip pencil than your lipstick Don't apply dark shadow on the inner corner of the lid — it will make eyes appear smaller Use a lip brush to apply lipstick — it will help it last longer Sparkly eye shadows generally look better in the compact than on your face. Matt shades are more flattering

start at the centre of the cheek (the fattest part) and sweep backwards and slightly upwards.

If you start at the ear and work downwards you're likely to get a hard line of colour. Start with a little colour — knock off the excess from the brush before you apply — you can always build up, but it's more difficult to tone down!

Optical illusions

For many women the most exciting part to make-up is the eyes. Eye make-up reflects the fashions of the day more than other elements of cosmetics — last year saw liquid liners make a come-back. But generally, the fashion is for soft, natural looking shades, which draw attention to the eye rather than to the make-up.

To achieve this effect, matt shades of grey, brown, beige, mauve and pink are best. Most cosmetic houses divide their shadow collections into warm and cool shades to achieve the best results.

- Begin by shaping the brows. Brush upwards and either colour with matt powder, using a small brush, or simply sweep through with clear mascara, which is excellent for shaping and holding brows in place.
- Next define the eyes using a soft kohl pencil. Good colours to recommend are smoky greys and blues, brown, khaki and black. Draw a thin line just above the top lashes, extend to the outer corner of both upper and lower lashes. Stop short of the inner corner since this can make eyes look small and hard.
- Choose matt eye shadows in

three toning colours — light, medium and dark. Using a shadow brush, apply the lightest to the whole eye area. Next apply the medium tone along the socket line and below the crease. Finally, apply the darkest shade (sparingly!) to the outer corner of the eye. As a rule, use dark shades for contour and definition and lighter tones for highlighting. Always blend well.

- Mascara provides the final, essential touch to eye make-up. If you're dark haired choose black, if fair go for brown or grey. Apply in an upward movement, trying not to clog the lashes. Comb through with a small, hard brush or mascara comb, then apply a second coat. Apply very sparingly, if at all, to lower lashes, since most of it tends to end up on your cheeks!

A pout with clout

For perfect lips, make-up artists swear by lip pencils, using a matching shade to outline the lips before filling in with lipstick. What colour lipstick you choose depends on what you're wearing and your skin colouring, as well as the current fashion. Many now come with UV filters and extra moisturisers to keep lips in better condition.

- First prime lips with a dab of foundation or lip primer and smooth evenly
- Define lips with lip liner
- Apply the first coat of lipstick with a lip brush — it will last much longer that way
- For extra staying power, blot lips with translucent powder on a tissue, apply a second coat, then blot with a clean tissue.

blemishes and to hide dark shadows under the eyes. It should be the same shade as the foundation — imperceptible.

No base is complete without powder — it is essential for setting the foundation. Loose, translucent, finely milled powder is best since it gives a matt finish and is suitable for all skin colours. It will help absorb oil and keep skin shine-free.

To apply, dust on with a dry velour puff, then sweep off any excess powder with a large brush, working downwards.

Cheeky looks

The key phrase when it comes to blusher is definitely "less is more". If you're not wearing foundation and have naturally pink cheeks, you probably won't need it. Stick to one healthy colour — complicated shading and toning is only for the well practised.

Choose a medium tone, slightly darker than you might think, but apply it sparingly. Using a large, soft brush (a small one will give a harsh effect),

Beauty essentials

- A foundation that enhances and matches your skin tone
- Loose, translucent powder
- A good set of make-up brushes
- A soft eyeliner
- Three toning, matt eyeshadows in neutral shades
- Mascara that glides on without clogging or flaking
- Toning lip liner and lipstick

Maggie: "Do you know I feel like I didn't get a wink of sleep last night. Is there anything I can buy that will help?"

Assistant: "Was it just last night or is this a problem you've had before?"

"Well last night seemed the worse but I've had problems getting to sleep on a number of occasions recently. I seem to go to bed feeling tired but my mind is too busy thinking."

"Are you waking up in the middle of the night or early in the morning?"

"Not really, once I get to sleep I seem to sleep through but it takes such a long time to get off."

"Have you been under any stress recently?"

"Well, I wouldn't really call it stress but I have just started a new job. It's only a couple of days a week in the local greengrocers. It's not a difficult job but I did worry a little about starting work again. I've been at home with the children for so long, you see."

"Does the difficulty sleeping coincide with the days you work?"

"Not always. It sometimes seems that I sleep less well the night before."

"It's possible that you're still a little anxious and that's affecting your sleep. Are you taking any medicines or suffering any pain?"

"No, not really."



Just when you thought you hadn't seen any of the Maladies for a while, in comes Maggie and she's having problems sleeping...

"And what about noise at night — husband, kids, neighbours that sort of thing?"

"Well my husband snores sometimes but I'm used to that. Somebody told me it was because I drink a cup of coffee before going to bed."

"Well that probably doesn't help. It's best to avoid caffeine-containing drinks just before you go to bed. It's also not a good idea to have an alcoholic night cap. Decaffeinated coffee is better and some people find a glass of warm milk works wonders."

"But that wouldn't be the only reason would it?"

"No, that's not usually enough on its own. Your problems are most probably linked to worrying about your new job. If so, it should pass as you get used to working again."

In the short term, however, there are products you can take that will help you sleep. There's an over-the-counter medicine, natural, herbal products or one which works on a form of acupressure. However, if the problem continues you should tell your doctor about it."

Sleeping

We spend about one third of our live asleep, so when something goes wrong and we feel we're

continued on p24

REST ASSURED WITH SOMINEX



Everyone can rest assured with SOMINEX. Clinically proven effectiveness¹ and strong sales growth has ensured SOMINEX is the number one Pharmacy recommended remedy for occasional sleeplessness.²

A new awareness campaign running now in the consumer press will encourage even more customers to seek your advice.

Recommend a Pharmacy Only brand. Recommend SOMINEX. And rest assured.

PRESCRIBING INFORMATION **Presentation:** Blister pack of 8 tablets, each containing: 20 mg Promethazine Hydrochloride Ph Eur. **Indications:** temporary sleeplessness. **Dosage and Administration:** Adults: one tablet at bedtime or up to one hour after going to bed. Children: 0-16 years: not recommended. **Contra-indications, Warnings etc:** There are no specific contra-indications but use in pregnancy should be avoided. **Precautions:** The product is a sedative for bedtime use only. Patients should not drive or operate machinery. Alcohol and other CNS depressant drugs should be avoided. **Side-effects:** A few patients may be particularly sensitive to the effects of Sominex; early morning drowsiness may be experienced, as may dry mouth, blurred vision, difficulty with lachrymation and constipation.

1. Adam R, Oswald I. Br. Clin Pharmacol (1986) 22: 715-17. 2. Independent Market Research Product license number: 7910211. P

For further information write to: SmithKline Beecham Health Care UK, SB House, Brentford, Middlesex TW8 9BD

TAKES CARE OF OCCASIONAL SLEEPLESSNESS

continued from p23

not sleeping properly, it's an important problem.

One survey showed that sleep problems, or insomnia, is



"I want to spend a weekend in Venice with my husband. He has been tried and trusted for 25 years" was the tie-breaker which won Mrs S. Garrett of Country Pharmacy, Chalfont St Giles first prize in the Medijel/Dentinox Teething Gel competition. Mrs Garrett is presented with her tickets for a weekend in Venice by Dendron sales representative Des Plowright

nearly as common as headaches. Some 28 per cent of all adults said they had experienced sleeplessness at least once in the last week, compared to 29 per cent who had a headache.

However, sleeplessness is a much less common topic for advice in the pharmacy. This could be because people do not realise it's possible to buy products that give relief on a temporary basis. Anyone who needs a product for a longer period should see their doctor.

There are basically two types of sleep — dreaming sleep, also called Rapid Eye Movement (REM) sleep, and a deeper, less active sleep called Slow Wave Sleep (SWS). During the night, the brain changes from one type to the other approximately five times.

During REM sleep the brain undertakes a filtering process of the day's experiences, while during SWS most of the restorative conditions in the body take place. It is therefore important that the correct balance between the two types is maintained.

Insomnia is any disturbance of the normal sleep pattern. This may be difficulty falling asleep, waking early in the morning, or waking frequently during the night.

Insomnia may range from a transient problem, due to jetlag

or pre-exam nerves, to a chronic problem due to mental illness. It has been estimated that around 80 per cent of cases are emotional in origin.

The more disabling the problem and the more commonly it occurs, the more important it is that the patient is referred to the doctor. Only mild, temporary problems should be treated with products from the pharmacy.

There are a number of causes of insomnia including depression, anxiety, noise, allergies, GI or urinary tract problems, drugs, erratic work hours, lack of physical exercise or alcoholism.

It is important to remember that different people need different amounts of sleep. We probably all know someone who can function perfectly well on four hours sleep a night and others who feel bad on less than ten! As we get older we naturally need less sleep.

What a good sleeper thinks is a really bad night may mean waking up twice, while to another this will be perfectly normal. Some sufferers get into a vicious cycle of worry, sleep loss, decreased ability to cope leading to more worry and further sleep loss. Sometimes just simple reassurance can help. Also try some of the following tips:

- Adopt a regular routine at bedtime. A warm bath may help.
- Try relaxation exercises or an early evening walk.
- Make sure the bedroom isn't too hot or cold. Avoid stuffiness.
- Try a warm, milky drink (not tea or coffee). Avoid alcohol.
- Don't eat within three hours of bedtime if indigestion has previously disturbed sleep.
- Avoid day time naps if possible.

Snoring

With snoring the problem lies not with the snorer but with the poor unfortunate who is trying to sleep nearby.

Technically, snoring is "a coarse, vibratory sound that occurs during sleep and results from partial obstruction of inspiration in the oropharynx." For some people this amounts to no more than a mild nuisance but for others it can be an unacceptable intrusion.

Customers who ask about this problem may like to contact the British Snoring and Sleep Apnoea Association. They have a help line (0737 557997) and produce a 90 day "snore-no-more" plan. For details send an SAE to: The BSSAA, "The Steps", How Lane, Chipstead, Surrey CR5 3LT.

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Because, with increased sales for us, go increased profits for you.

More and more people are turning to Kalms as the natural way to deal with the strains and stresses of modern life.

In fact, it has now become the most acceptable alternative to benzodiazepines.

Which is why we've launched our

biggest-ever advertising campaign in the national press.

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After all, wouldn't you like to see your bank manager get a little excited too?

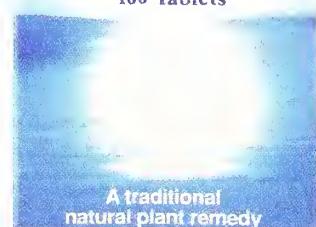


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Kalms
Kalms Tablets

Relieves periods of worry
irritability, stresses & strains.
Promotes natural sleep.

100 Tablets



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Warm up with Radian-B and win a bathrobe

Keeping fit and warm in Winter can be difficult even for those who are young and active, but for older people it can be even more of a problem. As well as the seasonal bout of colds and 'flu that affects us all, many older people also have to contend with muscular and rheumatic pains that are aggravated by the cold Winter weather.

Rubefacient products, like those in the Radian-B range, give effective topical relief from aches and pains whether brought on by overdoing it on the sports field or aggravated by the chilly weather. Sometimes called topical analgesics because of their pain relieving properties when applied to the skin surface, these rubefacients work by warming the affected area, thereby easing taut muscles and soothing the associated pain.

The Radian-B range consists of three rubefacients:

Radian-B Liniment for those who prefer to apply relief without massage;

Radian-B Spray which is quick and easy to apply, particularly for difficult to reach areas;

Radian-B Rub for use when massage would be of added benefit and to warm up cold muscles before exercise and so reduce the risk of muscular strain.

Last but not least Radian-B also produce a wonderfully relaxing Mineral Bath in both liquid or salt form. A blend of soluble mineral salts and herbal extracts, Mineral Bath is the ideal way to soothe away aches and pains at the end of a long hard day.

The Rules

1. All entries become the property of Fisons Consumer Health. 2. The competition is not open to employees of Fisons Consumer Health or Benn Publications Ltd. 3. Closing date March 29, 1992, entries received after the closing date will not be accepted. 4. Fisons Consumer Health reserve the right to publicise the winner's name and photograph. 5. The judge's decision is final and no correspondence will be entered into. 6. The prize must be accepted as offered, there is no cash alternative.

The competition

Radian-B are offering ten pharmacy assistants the chance to win a luxury bathrobe in high quality white towelling and a set of Radian-B products comprising Mineral Bath, Rub and Spray.

All you need to do is match each of the Radian-B products with the appropriate Radian-B user described below.

1. Steve is a rugby player. To help prevent injuries on the rugby field, he applies Radian-B before the game.
2. Mr Smith is 75 years old and suffers from back pain caused by lumbago. He lives alone, so there is nobody to help him apply warming products to his back. However, he can manage to apply Radian-B himself to this difficult to reach area.
3. Mr Jones is also a pensioner. He suffers from aches and pains in his legs when the weather gets chilly, but finds Radian-B helps ease the pain.
4. Mary is 23 and works as a shop assistant. She spends virtually the whole day on her feet and really aches all over by the end of the day. Before she goes to bed, Mary finds relaxing in a Radian-B really soothing.

Send your entry to Radian-B Competition, *Over the Counter*, Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. The winners will be the first 10 correct entries received by March 29, 1992.

Name

Pharmacy address

..... Phone



WE'RE FLEXING OUR MUSCLES

Radian-B has the muscle-power to stay ahead of the competition:

- The Radian-B range is the fastest-growing topical analgesic brand.
- With our TV commercial, as well as campaigns in national magazines and the sporting press, plus PR support, we're toning up to reach No. 1.
- Radian-B Spirit Liniment now has the unique strength of unbreakable plastic packs.
- Unique formula Radian-B Mineral Bath Salts and Liquid are real winners, bathing away aches and pains and enhancing the rest of the range.
- Radian-B is the official supplier to the 1992 British Olympic team.

Stock up with the full force of Radian-B. Together, we make a great team.

 **Radian-B**
RADIADES RELIEF



PICONS

At any one time, an average of 850 customers in your pharmacy will be suffering from back pain while pharmacy assistants, who spend all day on their feet, are often victims. Jane Feely talked to Clive Standen, principle of the British School of Osteopathy, about this common condition

It has been estimated that over half the British population — that is 23.5 million people — will suffer from back pain at some time in their lives.

It is also a major cause of people taking time off work — something like 60 million working days are lost every year because of back pain and related conditions.

The majority of sufferers experience pain in the lower back, between the pelvis and lower ribs, in an area called the lumbar spine. The basic problem seems to be that man was never really designed to walk upright!

The spine is composed of 26 bones, 24 of which are separate vertebrae stacked on top of each other to form the spinal column. The main weight-carrying part of the vertebrae are separated from each other by intervertebral discs (23 in all), which act as shock absorbers.

Throughout our lives, the spine bears the brunt of all the mechanical stresses and strains of our body. Indeed, the spine is a superb example of engineering capable of bearing the weight of our bodies, protecting the spinal cord, and yet having the flexibility to cope with a life time of bending and straightening. Man has never managed to make such a successful structure himself.

In man the lumbar spine is very similar to that in lower mammals who spend most of their life on all four limbs. As such, it is rather unstable but is strengthened by powerful spinal muscles and ligaments.

The additional stresses and strains put on our bodies by poor posture, badly designed chairs, soft mattresses or poor technique when lifting heavy loads, simply adds to the problem.

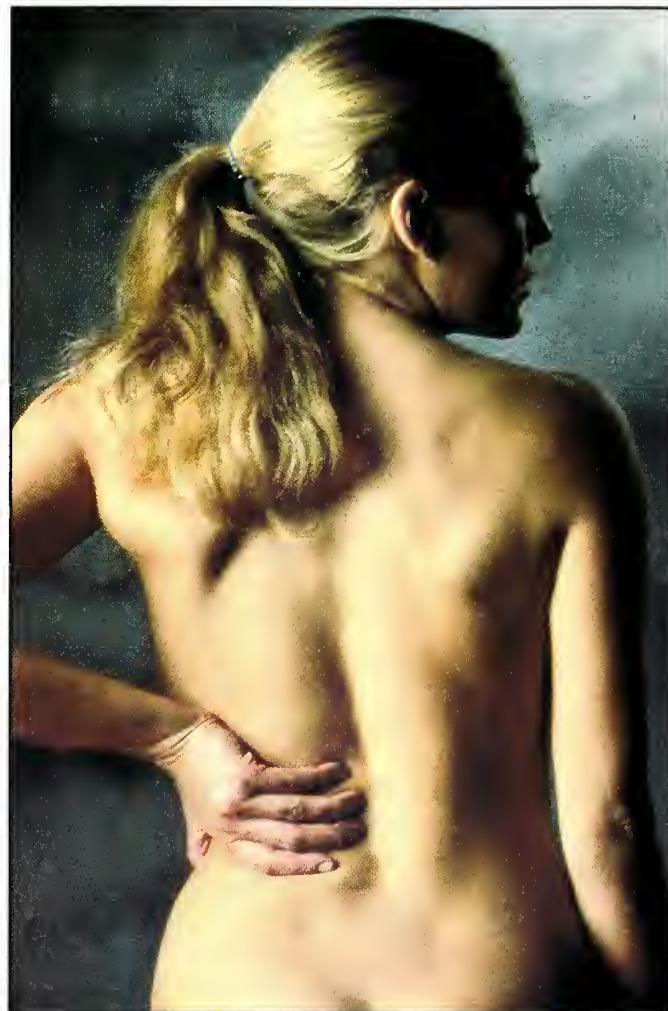
The camel's back

This is a common scenario in low back pain:

"Jack is 40 years of age and has never had any back problems but he is feeling under stress at work at the moment. One Sunday lunchtime he reaches across the dinner table for the salt, happens to sneeze at the same time, and is bent double by acute back pain."

As Clive Standen, principle at the British School of Osteopathy explains, it's rather like "the straw that broke the camel's back". There is often no warning until it's too late.

Jack has probably had poor posture or habits for some time. Over the years this had led to



Courtesy of Scholl Consumer Products

When pain hits back

uneven wear and tear on his back. However, it's important to note that Jack currently feels under pressure at work, as stress often plays a role in bringing things to a head.

The causes of back pain vary with age, says Mr Standen. In young people specific strains and sprains of muscles or joints are the most common cause. In older people it's usually a degenerative problem — with structures wearing out and losing their flexibility.

Other common causes are slipped discs, trapped nerves (eg sciatica), inflammatory disease (eg rheumatoid arthritis), osteoporosis (thinning of the bones) or tumours.

Low back pain may also be

"referred". In other words, the problem arises somewhere else but the pain is felt in the lower back. This can be the case in kidney, lung or digestive tract problems, gynaecological disorders or even infections (eg tuberculosis). The pain may also be psychological.

Pregnancy and labour are major causes of back pain. Fortunately, Mr Standen believes that today's mums, unlike their predecessors, are less likely to accept back pain in pregnancy as normal. During pregnancy and childbirth severe structural stresses and strains are put on the pelvis and lower back. However, correct postnatal exercises can help avoid problems later in life.

The middle years

Osteopaths treat people of all ages with back pain but the most common sufferers are, like Jack, in the 30-50 age group. Mr Standen says that this is when people are under the greatest pressure to "keep going". Once they reach retirement there is a general feeling that they can slow down and take things easy. Earlier in life, it is less likely that long term damage will have been done.

Jack's sudden attack of back pain, is an acute inflammation reaction which protects the damaged joint or spinal disc. After 48-72 hours he will start to recover. However, if the underlying problem is not corrected he could find the attacks becoming more frequent and the recovery time longer.

People who suffer with back pain will usually seek help and advice when the pain is at its worst — it's easy to forget about it when there is no pain.

It's also a fact that sufferers look for relief and advice on how to prevent another attack, rather than a "miracle cure", says Mr Standen.

Of all back pain sufferers, 65 per cent are likely to come to the pharmacy to purchase a remedy. This is commonly either an analgesic or a topical remedy to help relieve pain. Of the remaining sufferers, a quarter will rest and take time off work while around one in ten will go to their doctor or another specialist.

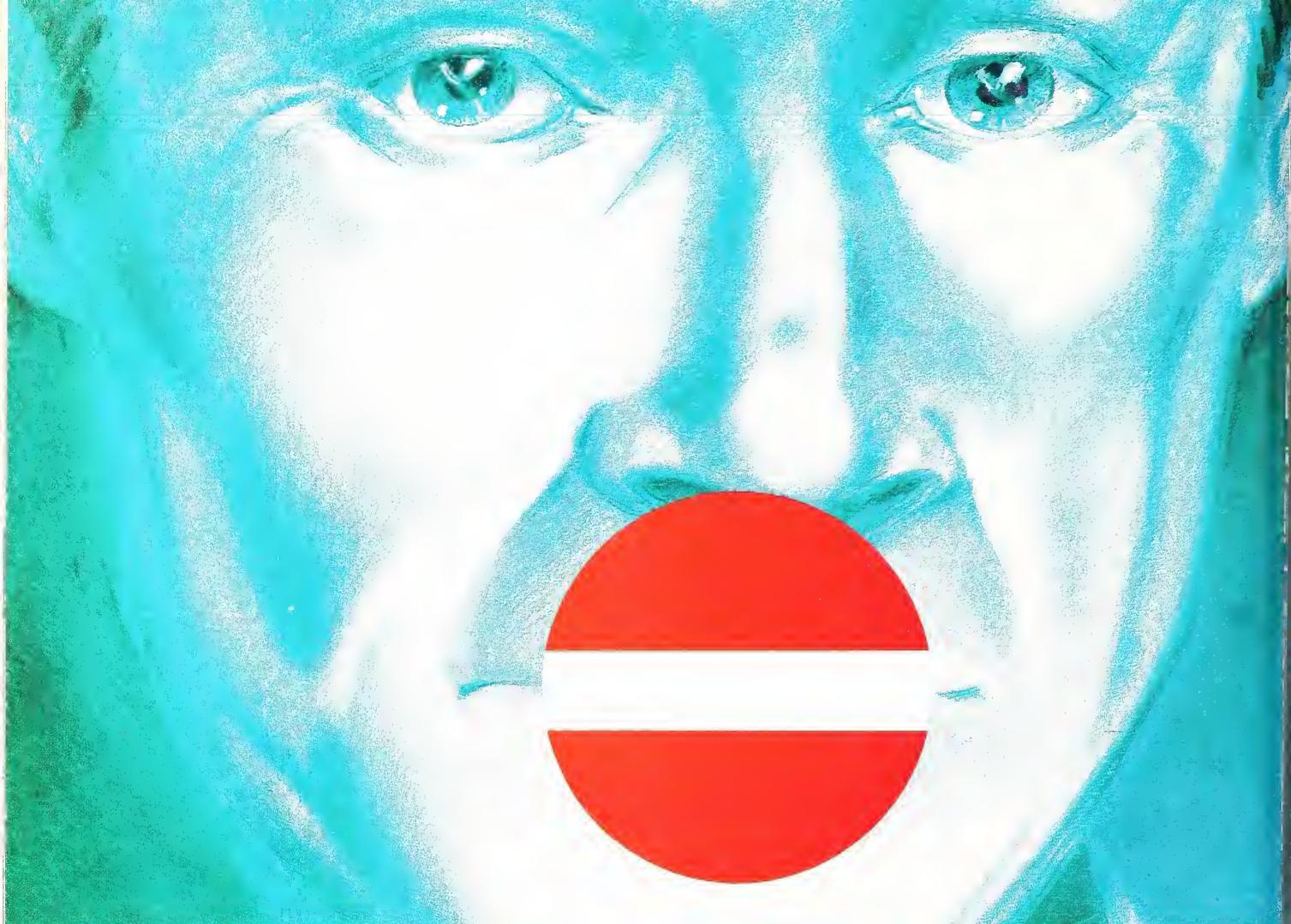
Get sporty

We all know that exercise is good for us but you can have too much exercise. Osteopaths treat a lot of people who have back problems because of sport and these people need help and advice so that they can carry on being active.

Mr Standen tells a tale of one man with a neck problem which began when he ran into a tree, who went to see an osteopath. When asked how he had managed to run into the tree he replied that it was because he was running backwards at the time. When asked "Why?", the man replied that if he ran backwards he didn't get the pain in his knee that he did when he ran forwards!

It appears that this particular person was so addicted to jogging that rather than not go at all he was happy to jog backwards around the park every day.

continued on p29



PAIN RELIEF WITHOUT PILLS

The power of ibuprofen – one of today's most effective painkillers – is now available for the first time **without prescription** in a rapidly absorbed, penetrating gel.

Heavyweight National press campaign now running.



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REPRESENTATIVE



continued from p27

Mr Standen has also come across problems in people who frequently play racket sports such as squash or tennis. The muscles in their racket-holding arm can develop more than the ones on the other side and this can lead to problems.

Professional players, if caught young enough, can be taught exercises to ensure all around development.

And the current aerobics craze has also seen its fair share of casualties, he says. One of the worst exercises for the lower back is where people lie flat on their back with their legs straight, and then raise and lower their legs. Although it may help stomach muscles, people with back problems should beware!

And another word of warning from Mr Standen — avoid falling into the group of people who think that if a certain amount of exercise does you good, twice as much will do you twice as much good, or help you lose twice as much weight. It doesn't always follow.

The osteopath

Osteopathy is probably the longest established complementary therapy in the UK. The British School of Osteopathy is 75 years old this year but American-trained osteopaths have been practising in this country since the turn of the century, says Mr Standen.

In the UK there are about 2,000 osteopaths of which 1,500 are registered. At the moment anyone can call themselves an osteopath but only those who have completed a recognised four-year training course are registered. If a Bill waiting to go before Parliament is successful then all osteopaths will have to undergo proper training and be registered before they can practice.

"Osteopaths are interested

in the adjustment of body structures so that they function properly," says Mr Standen. "They are also interested in the structural and functional relationships between muscles and bones and also the relationship between psychology and structure and function."

If someone has a bad knee, for example, the osteopath will look at why the knee is not functioning properly. This may involve studying how the foot meets the floor when walking, how the body's weight is distributed, and whether the spinal joints are moving properly.

Once the problem has been identified, exercises and adjustments to lifestyle are suggested that can help correct any problems. Back pain is the most common condition that osteopaths treat followed by problems of the neck, shoulders and feet.

Osteopaths can also help people with degenerative diseases such as rheumatoid arthritis or Parkinson's disease. Although they can not cure, they can offer treatment to help sufferers live through the condition with less distress and discomfort.

Currently the British School of Osteopathy is endorsing a new product to help back pain sufferers. Scholl's Backease is a shoe insert with a heel area which absorbs the jarring felt when the heel strikes the ground during walking.

Research in America found that people suffered more from heel jar when they had low back pain. When they put Backease inserts into their shoes, 77 per cent of low back pain sufferers found relief.

The BSO is in the process of devising clinical trials among patients to check whether those who receive osteopathy and use Backease get better quicker than those who just have osteopathy.



Assistants and their pharmacists pose for the camera following the presentation of NPA Medicines Counter Assistants certificates in Omagh, Northern Ireland. Also present were Verus Reaney, the then president of the Ulster Chemists Association, (back row, second left) and course tutor Kate McClelland (back row, centre)

Pharmacy assistants, like other shop workers, suffer with back and feet problems because they are often on their feet all day long. To avoid being like our friend Jack, Clive Standen, principle of the British School of Osteopathy, advises:

● Vary your routine

Working in a shop is not about standing around talking about what you did last night while waiting for a customer. There is a constant routine of things to do. With anything else, the first thing to do is to try and vary your jobs as much as you can.

● Avoid repetitive movements

These can be more damaging than just standing up all day, particularly if they involve bending and twisting. Watch out for jobs such as stacking shelves or unloading goods and try and alter the way you do them to minimise damage.

● Avoid habit postures

These poor habits can include always standing with the weight on one foot or standing so that you have to twist to watch customers in the shop. Try to stand square on both feet or, if your pharmacist is very understanding, sit occasionally on a stool.

● Lift correctly

When lifting anything from the floor, always bend at the knees not at the waist. Whatever the weight you are lifting the strain on the base of the spine is 15 times greater. If lifted incorrectly, even small objects can damage a weak spine.

● The correct shoes

Wear light shoes that cushion impact when walking. Try and avoid high, stiletto heels as these throw the body's weight forward. They are also bad for the circulation and increase tension in the calf muscles — all problems which could mean varicose veins in later life.

● Change shoes daily

Try to vary the shoes you wear

ESCAPE MOHS



Mentadent S joins P

Mentadent S is a new toothpaste for sensitive teeth from Elida Gibbs, the manufacturers of Mentadent P. The active ingredient is potassium citrate and the toothpaste also contains fluoride. The formulation has been clinically proven to help relieve the pain of sensitive teeth, says the company.

Mentadent S is available in two sizes — 50ml £1.55 and 100ml £2.29 and a 25ml trial size is also available (£0.29).

Elida Gibbs are also introducing two new toothbrushes. Mentadent P Ultra Professional, £1.65, has a dual action bristle head with longer bristles to massage the gums and short bristles to remove plaque. The Mentadent P Junior Professional, £1.35, is specifically for children.

Elida Gibbs. Tel: 071-486 1200.

Kent's golden touch

Kent have introduced a new range of styling brushes with gold handles. The new brushes are: LA20 £4.75 — a round bristle styler; LA21 £4.25 — a round, single strand brush with flexible quills; LA22 £4.95 — a round, double strand brush to create softer styles; LA23 £8.25 — a large brush suitable for drying long and shoulder length hair; LA24 £3.95 — a handbag size mini-vent brush; and LA25 £4.25 — a large vent brush with ball-tipped nylon quills and a chunky handle. Each brush is heat-resistant and has a rubber grip to make styling easier.

G.B. Kent & Sons. Tel: 0442 232623.



New look Cow & Gate

Cow & Gate have relaunched their baby milks giving the range a new image. The products now carry the European umbrella brand name — Nutrilon. The range consists of Nutrilon Premium (green tin), for use from birth or when no longer breastfeeding, Nutrilon Plus (blue tin), for hungrier bottle-fed babies, and Nutrilon Soya (orange tin) a milk free soya-based infant formula, formerly called Formula S. All formulas remain unchanged.

Under an EC ruling, from 1994 all infant milk manufacturers will have to remove images of mothers and babies from their tins. The new look Cow & Gate tins show only bottles and teddy bears, the result being that over two thirds of mums prefer the new packs to the old ones.

Cow & Gate Ltd. Tel: 0225 768381.

Natural Botanicals

Botanicals is a new range of toiletries based on essential oils and herbs. The products, produced by American firm Smith & Vandiver, are cruelty-free and biodegradable. They will be launched at this year's Spring Fair exhibition.

The range comprises bath preparations in six aromatic blends, skincare products including cleanser, toner and moisturisers, a range of pre-and aftershave preparations for men, and shampoos and conditioners for hair care. Aromatherapy mood sprays which can be used on upholstery, linens or as a room spray are also available.

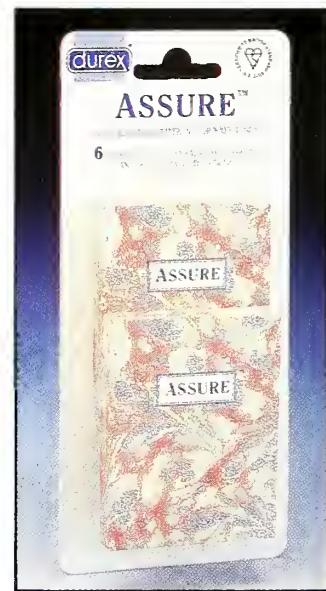
Distributors: Aidee International Ltd. Tel: 0626 833081.

Durex Assure

Assure, the latest condom to be introduced under the Durex name, is being targeted specifically at women. The product has been designed to reduce the embarrassment many women say they feel when buying condoms.

Assure comes in a blister pack of two packs of three condoms £2.49. The slimline packs are described as stylish and feminine and fit discreetly into a handbag. The condoms contain an improved spermicidal lubricant and are coral coloured, teat ended and odourless.

LRC Products Ltd. Tel: 081-527 2377.



Ultra thin Vespré

Johnson & Johnson have launched Vespré Ultra, a sanitary towel only 3mm thick but which is claimed to hold up to 20 times its weight in fluid. The towel features a soft fabric cover and an absorbent core material, Aurora, patented by J&J. There are horizontal front and back adhesive strips and side tabs to keep the towel in place and prevent bunching and side leakage.

Vespré Ultra are sold in regular and super sizes. Initially trial packs of five towels will be available with a money off voucher and the company is producing one million free trial packs.

Johnson & Johnson. Tel: 0628 822222.

Ponds for day and night

Women who want extra-nourishing protection for their skin during the day, or a simpler skincare routine with a combined night and day cream, will be interested in Ponds Hydro-Nourishing moisturiser. The product is said to offer the benefits of a night cream in a light formulation also suitable for daytime use.

The new product replaces Original Ponds night cream and is produced in a jar, £3.35, and a tube, £2.65. Initially, a 30ml trial size, £0.95, will be available. Ponds packs now carry skin type descriptions, the 50ml sizes have been deleted, and the Vanishing Cream has been renamed Shine Control. Elida Gibbs Ltd. Tel: 071-486 1200.



Oral-B Toon in

Tiny Toon Adventures is the latest range of children's character toothbrushes to be launched by Oral-B. Four different characters taken from the television series "The Toonsters", will appear on the handles of the Oral-B P20 brushes, £1.45.

Oral-B have also relaunched their dental floss as a stronger product, less likely to fray. The flavour of the mint variant has also been improved. A new merchandiser unit holding stock and leaflets is now available. Oral-B Laboratories Ltd. Tel: 0296 432601.



Ease that back

Backease are shoe inserts designed to help the sufferers of low back pain. They have an integral heel cushion which absorbs "heel shock", the jarring effect felt when the heel strikes the ground during walking. It is this jarring which can exacerbate discomfort, tension and pain in the back.

Backease shoe inserts, £7.99, are being endorsed by the British School of Osteopathy. They are available in three sizes — 3-6, 7-8 and 9-12 — which can be cut to fit. They are suitable for use in any shoe. Scholl Consumer Products. Tel: 0582 482929.

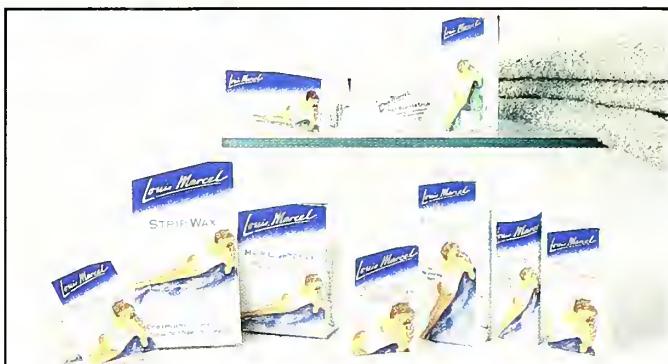
Delial range in UK

Delial — the number one suncare range in Germany — is now available in the UK. Initially, the range will comprise creams and lotions in SPF's 2-20. All offer UVA protection and are water-resistant for up to 40 minutes. The SPF6 waterproof lotion remains effective for up to two hours, says the company. There is also an aftersun preparation. None of the products have been tested on animals and the ingredients are listed in full on each pack.

Bayer, the manufacturers of Delial, have also produced a range of products for sensitive skin which do not contain emulsifiers or preservatives. For 1992, these will only be available through Boots but more widespread distribution is possible next year. Scholl Consumer Products. Tel: 0582 482929.

Stickies for children

Fast Aid Stickies are patterned plasters produced by Robinson Healthcare specifically for children. There are four sizes of the plasters, decorated with multi-coloured abstract designs. Fast Aid Stickies are available in packs of 20 plasters, £1.15. Robinson Healthcare. Tel: 0246 220022.



New from Louis Marcel

The Louis Marcel depilatory range has been extended with two new products and the packaging has been updated. The first new product is a hair remover cream (100ml £2.95, 50ml £1.85) which contains calendula and vitamin E. There is also a facial hair remover cream £2.45 — a two step treatment of perfume-free remover and aftercare cream.

The new design for the Louis Marcel range maintains the old logo but aims to make the product appeal to both new and existing customers. The packs feature a full ingredient listing and a "Not tested on animals" statement. Sara Lee UK Ltd, Household & Personal Care. Tel: 0753 523971.



Wrinkle Control

Active Wrinkle Control is L'Oréal's latest addition to the Plénitude range of skincare products.

The product is a light moisturising cream, for daily use, which contains hydrating agents, UV filters, and a bio-proteinic concentrate which, the company says, helps smooth away fine lines and wrinkles.

The new cream is available in pots, £7.29, or tubes, £6.29, and the first 200,000 packs will also include a free sachet of Plénitude Contour Regard. L'Oréal. Tel: 071-937 5454.

Baby Safety

The Baby Safety set is the latest new product from B&H, manufacturers of liquid crystal thermometers. The set, £6.99, includes a Body-temp forehead thermometer and thermometers for the bedroom and bath, together with a Medi-dropper, Medi-spoon and a free cotton flannel.

Individual thermometers are available at £1.99.
B&H Group. Tel: 0562 825100.

Sanatogen one-a-day

Sanatogen are launching a one-a-day cod liver oil capsule which is equivalent to three of the standard capsules.

Each of the new strength capsules contains 100 per cent of the recommended daily amount of vitamins A and D plus 72mg of EPA and 63mg of DHA. They are available in packs of 50, £2.99, and 100, £4.85.
Fisons Consumer Health. Tel: 0509 611001.



Van Gogh Grand Fleuri

Van Gogh Grand Fleuri is a new fragrance created by Royal Sanders, said to evoke images of sun, colour and flowers. Top notes contain marigold, tangerine and bergamot, heart notes include peony, ylang ylang, orange blossom and violet, while base notes contain heliotrope, honey, vanilla, sandalwood and patchouli. The packaging is based on a combination of Van Gogh's famous blue irises and yellow sunflowers.

The range includes parfum, eau de parfum and eau de toilette (£12.50-£39.95) and is complemented by a bath and body care range which includes creme bath, bath gel, soap, body lotion and deodorant (£7.95-£15.95).

Distributors: Perfumery Agencies. Tel: 081-646 0344.



Tommee Tippee go for larger cups

Larger infant feeding cups are now available in Jackel International's Tommee Tippee range — they hold 300ml as opposed to the more common 250ml. The cups also have an updated spout, rounded for increased comfort and a more controlled flow.

Decorated with caricatures, the new products are — a juice beaker, £2.25, a one-handled trainer cup and a two-handled trainer cup, both £2.55.

Jackel International Ltd. Tel: 091-250 1864.

Develop a Herbal Glo

A range of herbal hair care products said to help thinning hair has been launched in the UK. Herbal Glo, already available in America and Canada, includes a scalp lotion which is left on overnight, shampoos and conditioners.

The products were produced by a pharmacist who came across the herbs while on an African safari.
Herbal Glo. Tel: 081-395 3016.



Betasept range

Betasept is a new range of povidone iodine products. Although the products are GSL they will only be sold in pharmacies. The range comprises Betasept antiseptic gargle and mouthwash, £1.95, which is used for acute mouth and throat infections in adults and children over six.

Betasept shampoo, £2.95, is indicated for seborrhoeic conditions of the scalp. It is used twice weekly until the condition improves. Finally, Betasept acne wash, £2.85, is an antibacterial cleanser for acne of the face and neck. It should be applied with moist cotton wool and worked into a lather.

Napp Laboratories. Tel: 0223 424444.

Blistex for lip care

Three new products, offering complete care for lips, have been introduced by Dendron under the Blistex name.

Blistex lip cream, for severely dry, cracked and chapped lips, £1.54, has a lip-tip applicator which allows the cream to be applied quickly and easily. Blistex lip balm, £0.65, is mildly medicated and contains emollients to help relieve and prevent dryness caused by sun, wind and cold. It has a sun protection factor of 10.

The final product — Blistex lip conditioner, £1.59, is an emollient for conditioning lips all year round and for helping to prevent dryness. The company has produced a leaflet called "Blistex Lip Service" to tell consumers about the range.

Dendron Ltd. Tel: 0923 229251.



Salon Selectives

Helene Curtis have added two new products to their Salon Selectives range — Leave-in Conditioner, £1.99, and Perfect Curls, £2.99. The Leave-in Conditioner is a spray formula designed to be used in place of a rinse-out conditioner and, as its name suggests, left on the hair. For very dry hair, it can be used after a rinse-out conditioner. It contains vitamins E and B5, wheatgerm oil, jojoba and panthenol.

Perfect Curls is a fine mist spray said to add body and hold to naturally curly or permed hair. It contains UV screens, camomile extracts, orange flower water and panthenol. Distributors: Food Brokers Ltd. Tel: 0705 219900.



NEW Aquafresh *Flex*

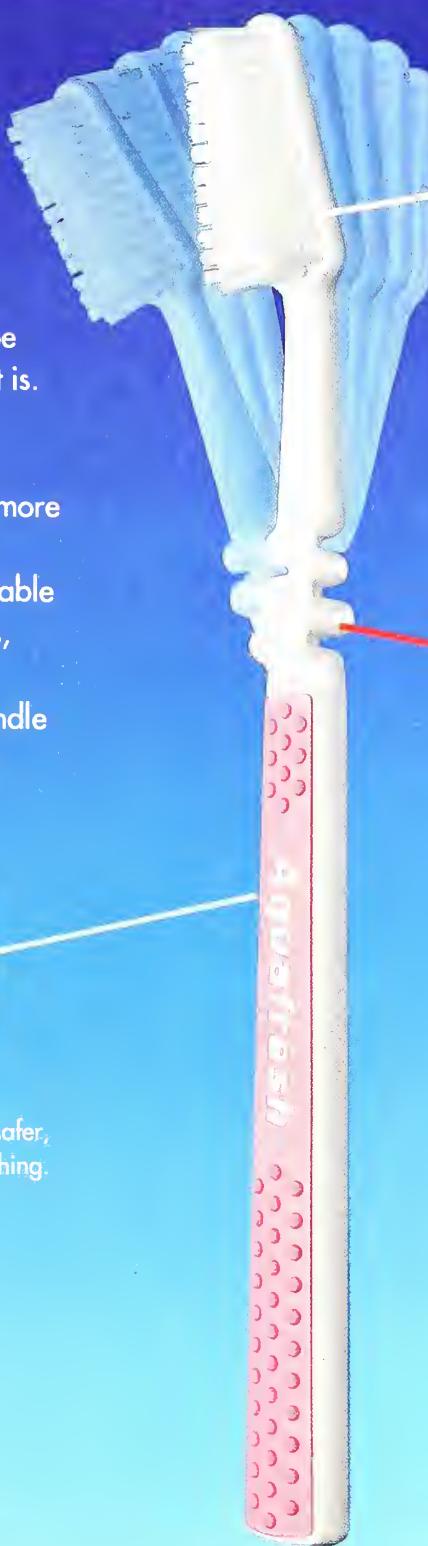
Designed to outsell every other brush

You'd expect the first-ever toothbrush from Aquafresh to be something really special. And it is. The first toothbrush specially designed to help protect gums. It looks more exciting. It works more effectively.

New Aquafresh Flex. Available in Standard and Compact sizes, with a choice of two textures - soft and medium - and four handle colours for maximum customer choice.



Gives greater brush control for safer, more effective brushing.



CONTOURED MASSAGE FILAMENTS

Angled, tapered head, gently massages gums. Shaped to help clean hard to reach areas in the mouth effectively.

PATENTED FLEXIBLE NECK

Designed to bend and absorb any excessive brushing pressure to help protect your gums yet still remove plaque. Clinically proven to be far superior against plaque and gum disease than a leading competitive brush*.

Stock up - and profit!

£3½ MILLION
Supported by over
Aquafresh Advertising
on National TV

* Source: Independent Clinical Trial
Journal of Clinical Dentistry Vol II, Number 4, 1991

Wilkinson Sword add four

Three new shaving foams and a shaving gel have been added to the Wilkinson Sword range. The colour coded foams, £1.09, cater for tough beards, sensitive skin or normal skin. All three are semi-soapless with a low level of stearic acid, said to help reduce build-up on razor and blade.

The shaving gel, £1.65, is also for sensitive skin. It is fragrance-free and contains a camomile-based anti-inflammatory agent.

Wilkinson Sword. Tel: 0495 533300.



Wassen's extra garlic

Wassen have introduced a one-a-day, concentrated, garlic tablet designed with delayed diffusion so that the garlic is not absorbed until it reaches the intestine. This feature has the benefit of maximising the control of odour on the breath, says the company.

The high potency tablets, in packs of 60, £3.95, each contain 484mg of fresh garlic but no artificial colours or preservatives.

Distributors: The Jenks Group. Tel: 0494 533456.

New spot treatment

Formule B, £4.49, is a spot treatment based on aromatherapy which has been launched in the UK by Bioconcepts Ltd. The product, which has not been tested on animals, uses a blend of seven essential oils to attack spots, blemishes, rashes and minor cuts and burns. It is applied with a roller ball applicator. Bioconcepts Ltd. Tel: 0705 678131.

Vicks goes Ultra

Vicks Chloraseptic has been replaced with Vicks Ultra Chloraseptic. The active ingredient of the new product is the local anaesthetic benzocaine and the flavour has been modified to give the spray a more pleasant menthol taste.

The pack for Vicks Ultra Chloraseptic, £3.89, contains sufficient for a minimum of six days use but is smaller and easy to carry around. A new spray arm, incorporated into the pack, allows the liquid to be directed onto the back of the throat more efficiently.

Procter & Gamble (Health & Beauty Care) Ltd. Tel: 0784 434422.



For Danish sunbathing?

Danish-owned company Riemann UK's range of sun preparations is now available through pharmacies. The products were previously marketed in several other European countries and sold duty-free on charter flights.

There are three products in the range — Pre Sun Accelerator, said to encourage melanin production before exposure to the sun; P20 Sun Filter which, the company says, needs only one application a day; and PS Aftersun to help replace lost moisture. All are available in 100ml and 200ml sizes. The products are cruelty-free, says the company.

Riemann UK Ltd. Tel: 0737 242470.

P&G launch Always

Always is a new range of sanitary protection from Procter & Gamble, available as two types of towel and a pant-liner. Always is a highly absorbent thick pad while Always Ultra is a very thin towel, only 3mm in thickness compared to a normal towel's 15mm. Both are available in normal and super forms with the option of panty protecting wings at the side.

Always, Always Ultra and Always pant-liner all have a patented Dri-Weave top sheet with funnel-shaped pores which quickly guide fluid to the core of the pad.

Procter & Gamble (Health & Beauty Care) Ltd. Tel: 091-279 2000.



Take it Step By Step

Step By Step is the name of a new range of disposable nappies from Peaudouce which caters for babies from 8-55lbs. The nappies feature anti-leak leg cuffs which direct leaks back into the heart of the nappy and waistshield guards which protect against leaks around the tummy. A new fit guide allows the nappy to be positioned correctly.

There are four variants — Newborn, a unisex design with a cut away area to protect the navel; Baby which comes in two sizes; Action, designed for older babies; and Junior, also in two sizes, designed to cope with heavier but less frequent wettings.

Peaudouce (UK) Ltd. Tel: 0952 680044.

Wella go for wash out

Wella have launched a semi-permanent colorant range — Colour Confidence Wash Out colour. Available in 12 shades, the product contains no ammonia or peroxide. The company says it colours and conditions in one simple step. The colour is left to develop for up to 30 minutes and washes out over six to eight shampoos.

Colour Confidence Wash Out, £2.49, comes in an applicator bottle together with a protective cape, gloves and instruction leaflet. Wella Great Britain. Tel: 0256 20202.

COUNTERVIEW

BY VERITY

Verity is a real-life pharmacy assistant working full-time in a pharmacy somewhere in the UK, writing about her job as she sees it.

Have you ever come across the "I'm a junkie in disguise" syndrome? Well I know I've been doing this job for a while now but I reckon that in 99 per cent of cases I can spot the "I've forged a script" men when they enter the shop.

In they walk, hands nervously twitching. They approach the counter like would-be "Del boys" ready with their chat up lines, usually something like: "How quick can you do this love, only I've got a cab waiting."

If you offer to check with the pharmacist (resident hand writing analyst), they get very edgy. "It's OK, I'll come back later," they say, and you know that their rapidly retreating back is probably the last you'll see of them.

However, occasionally you come across one with more courage, or is it experience? He's prepared to wait around for you to hand him his temazepam on a silver platter and almost looks as if he expects a pat on the head as well. However, even this character seems to change from a confident Del Boy to a weak-kneed Rodney, if you keep him waiting long enough.



"Just give it back if there's a problem," he says. "I can always go back to the doctor for you, no need to ring him. Perhaps the chemist down the road will have enough."

I suppose in a way you have to feel just a little sorry for these people because some really do believe that

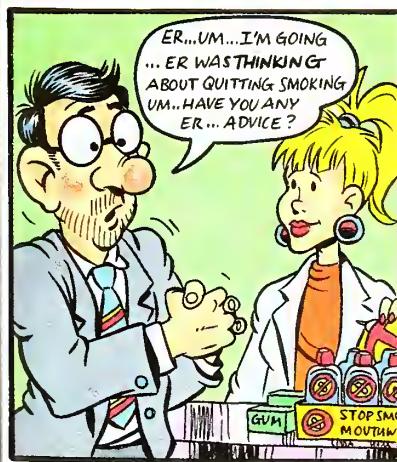
you will be fooled by their pathetic forgery attempts. I mean, wouldn't you be suspicious of a script with red ink for the address, blue for the doctor's signature, black for the social security tick and green for the drug? And isn't asking for 200 tablets just a little over optimistic?

And of course we have the advantage of knowing that Dr X has never written such a clear, legible prescription since he left medical school!

Long may these poor, unfortunate addicts continue in their ignorance! It certainly makes the pharmacist's job much easier. However, on these occasions, I'm always tempted to glance over my shoulder. My worst, recurring, nightmare is that Jeremy Beadle will stride into the shop, shouting "You've been framed", and we'll all end up on TV.

MEANWHILE...

by Andy



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Finally, it produces an exceptional profit margin for you. In fact there is no higher absolute cash return than from Merocaine.

Not surprisingly, Merocaine is Britain's best selling sore throat lozenge in pharmacies.

There are two other effective and popular Merrell throat lozenge products: *Merocets*, without anaesthetic, and *Merothol*, with menthol and eucalyptus. These are *only* distributed through pharmacies. Display them all. You can recommend them with confidence.

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24 LOZENGES

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